Civil Commitments and the Court Process
A User's Guide

Eighth Judicial District Court
Clark County, Nevada

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I. Introduction

A. Why do we have court hearings on Petitions for Civil Commitment?

Under the law, a person who suffers from a mental illness has a right to live as they choose and not take medication for their disease, as long as they are able to care for themselves and they do not pose a substantial danger to themselves or others.

It is only during a mental health crisis that the law steps in, and that person is deprived of their liberty if they "meet commitment criteria," because they are a substantial danger to themselves or others due to their behaviors attributed to their mental illness.

The Constitution requires that when a person is being deprived of their liberties, that they are provided the safeguards of due process rights. The purpose of the hearing is to ensure that someone is not deprived of their liberty unless clear and convincing evidence is presented to the court that the patient, because of their serious mental illness, is a substantial danger to others, a danger to themselves, or is unable to care for themselves.

B. What rights do patients have during the hearing process?

The civil commitment hearing is like a mini-trial, where the State (the District Attorney) has to prove by clear and convincing evidence that a patient meets commitment criteria and needs to continue to be deprived of their liberty rights. They accomplish this by asking questions of the sworn witnesses (most often, the members of the treatment team), who give testimony during the hearing about the patient.

When a person is being detained against their will, they are deprived of their liberty. The Constitution guarantees that if a person is having their freedom taken away, they are entitled to certain due process rights, including:

1) To have an attorney, and be able to talk with their attorney prior to court in order to prepare for their hearing.

2) To be present at the civil commitment hearing, with the assistance of their attorney. If they choose not to attend the hearing, they have a right to know what the potential consequences of not attending the hearing are.

3) To participate in the hearing either directly or through their attorney, and offer any evidence that they would like to provide, whether it is through direct testimony (by testifying or calling a witness to testify on their behalf), or testimony elicited from cross examination of the State's witnesses.

4) To confront (face in court) a witness who is offering evidence (by giving testimony) on the State's behalf, and cross-examine that witness, either directly or through their attorney.

In order to ensure a fair hearing, the Nevada Revised Statutes that address involuntary civil commitments in 433A also require that:

1) The hearing is set within 6 judicial days (not including weekends and holidays).

2) Two independent, court-appointed doctors (a psychiatrist and either a psychologist or a psychiatric-trained APRN) evaluate the patient, and provide a written evaluation to the court no later than 24 hours before the court hearing.

3) The court does not involuntarily admit or take away a patient's freedom unless clear and convincing evidence is presented
    a. That the patient is suffering from a serious mental illness AND
    b. Because of that illness, they present a substantial likelihood of serious harm to others or themselves (including an inability to care for themselves). *

*Substantial likelihood of serious harm is defined as: without care or treatment, the patient is at serious risk of attempting suicide or homicide, causing bodily injury to himself or herself or others, including, death, unconsciousness, extreme physical pain, protracted and obvious disfigurement or a protracted loss or impairment of a body part, organ, or mental functioning, or incurring a serious injury, illness or death, resulting from complete neglect of basic needs for food, clothing, shelter or personal safety.

In addition, the Civil Commitment Hearing is a sealed (private) hearing – it is not open to the general public. This means that during the hearing, the only people that should be in the courtroom (or the hospital room, if the hearing is done by video) are the patient and the treatment team. If the patient does not wish a friend or family member to be present during the hearing, it is their choice to exclude the person from the hearing (although the State may call that family member or friend as a witness during a portion of the hearing to ask questions to obtain information that is relevant to prove their case).

Sometimes family members ask if they can provide testimony without the patient there. Due process does not allow this to happen – the patient has a right to hear all of the evidence that is being offered in support of depriving the patient's liberty rights. To illustrate a comparable situation, this would be like not letting a defendant into the courtroom while their trial is happening (with witnesses testifying against them in the courtroom). If the family members have relevant testimony regarding the patient, they can ask to discuss this information with the State (the District Attorney), who then may decide to call them as a witness.

II. The Emergency Admission prior to filing the Petition under NRS 433A.150

A. What does the hospital need to do before they file a Petition for Civil Commitment?

Once a patient has been brought to a hospital under an emergency admission, the hospital has 72 hours from the time the patient enters the hospital to detain, evaluate, observe, and treat the patient. Within those 72 hours, the hospital must complete

1. A certificate (by a psychologist, physician, physician assistant under the supervision of a psychiatrist, or a clinical social worker or APRN with psychiatric training, as outlined in NRS 433A.170), after an examination of the patient, where the professional has determined that the patient has a mental illness, and because of that illness is a substantial danger to self or others, AND

2. An examination of the patient by a physician, physician assistant, or APRN [as outlined in NRS 433A.165(1)(a)] for medical clearance – determining that the patient does not have a medical problem that requires immediate treatment.

If the certificate or the examination is not completed within the 72 hours, the patient must be released from the hospital.

B. How do I file a petition, and how do I receive documents that are served on the hospital?

Section I INTRODUCTION subsection D of the CMO instructs that all of the documents filed with the court are done through the electronic filing system at EfileNV.com. It is the hospital's responsibility to update any changes to their official email (the one that is registered with the court). The court will also file documents and serve them on the hospital through this email address. *It is highly recommended to have your IT department set up a group email (ie: A_hospital@hospital.com) so you can maintain the same email contact information when staff turns over.* Refer to Appendix A - Justice Partner Firm Administrator Setup for instructions on registering your hospital on the File & Serve electronic filing system. Detailed filing instructions can be found on the District Court website: http://www.clarkcountycourts.us/departments/clerk/electronic-filing/file-and-serve/#Initial-Filing.

C. Which petition should I be filing?

Filing the Petition under NRS 433A.160 (and 433A.165)

If the certificate and the examination have been performed within the 72 hours, the hospital must file a Petition for Civil Commitment with the District Court in order to further hold the patient in the hospital against their will. This petition is filed under NRS 433A.160.

TIP: Under 433A.0175, a petition can only be filed if the dangerous or concerning behavior is attributed to a serious mental illness. The law does not allow you to file a petition if the dangerous behavior is primarily due to dementia, brief intoxication or dependency on alcohol or drugs, delirium, epilepsy, or an intellectual disability. If, in addition to any of these listed exclusions, the patient ALSO has an SMI that can be diagnosed, the law allows a petition to be filed. If the dangerousness is due to an intellectual disability, you will need to talk to your hospital's attorney about filing a different petition under NRS 435.

If the patient has a guardian (of their person), you will need to work with the guardian regarding the treatment of the patient. At this point, the guardian is the one with the power to make these decisions. If the guardian is not responding to the hospital, you may need to contact your hospital's attorney to discuss legal options.

D. What if the patient is still not medically cleared?

Section IV. EVALUATIONS AND PREHEARING DISCLOSURES, subsection E of the CMO refers to this process and footnote 8 contains a copy of the statute with the legal obligations of the hospital.

If the certificate has been completed, but the patient still needs immediate medical attention that needs to be treated (the patient is not medically cleared), the hospital must file a Petition for Civil Commitment under NRS 433A.160 and 433A.165. This extends the hold while the patient is being treated for their medical issue. If you are unfamiliar with this process or the required paperwork to be filed, you need to discuss this with your hospital's attorney.

In addition to filing the Petition for Civil Commitment under NRS 433A.160 and 433A.165, the law requires that additional information be included in the filed paperwork, and the hospital is

required to file an update with the court every 7 days with the progress of the medical treatment. This is done by filing a Notice of Medical Status.
Under NRS 433A.165 2.(a)(1), the petition must include the medical condition of the person, and the purpose for continuing the medical treatment of the person.

> TIP: The most helpful way of providing this information to the court is by including a short statement by the treatment team or physician which describes the medical condition that is being treated, why the treatment is necessary, and an approximation of how long the treatment will take.
> Simply attaching the entirety of the patient's medical records to the petition is not a helpful way of providing this information to the court. Remember, the people reading this information (the judicial officer, district attorney, and defense attorney) are not medical professionals, so they may not be familiar with all the medical language in order to decipher what the medical records mean.

Under 433A.165(2)(b), the hospital must continue to file with the court an update on the medical condition and treatment of the patient, every 7 days after the initial petition is filed. (For example, if the petition is filed on January 1st, then a medical update must be filed on the 8th, the 15th, and so on, until the patient is no longer in need of medical treatment).
During the time that the patient is being treated for their medical issues, do not schedule an assessment with the Court Doctors. As soon has the hospital medically clears the patient, if the treatment team still finds that the patient meets commitment criteria, the hospital must immediately contact the Court Doctors to schedule the assessment in order to prepare for the court hearing.

THE SCHEDULING AND CASE MANAGEMENT ORDER (CMO)

When the hospital files a Petition for Civil Commitment with the District Court, the District Court will file and serve a Scheduling and Case Management Order (CMO) on the hospital that includes the date and time set for the hearing, as well as the legal obligations of the hospital petitioner. This CMO will be filed and sent to the hospital email that is on file with the Eighth Judicial District Court (the email address that the hospital files the petitions from) immediately – at the very latest, within one business day.

We are currently working on a process so that if the patient that you filed a petition on is currently involuntarily committed to the Assisted Outpatient Treatment (AOT) program, you will receive a notice in your email that the patient is in AOT, who you should contact in AOT regarding the patient's current medication regimen (for continuity of care) and for discharge planning, since the majority of the AOT participants live in supported living arrangements.

> TIP: After you have filed a petition, make sure you check that email within one business day in case you have been notified that the patient is in AOT.

III. Before the Date of the Hearing

A. What is a Case Management Order and what should we do with it?

Every time a Petition for Civil Commitment is filed, the Court creates and counter-files on the petitioning hospital the CMO for that case. The Case Management Order is a court order that the petitioning hospital must follow. The CMO tells the petitioning hospital the date and time of the

hearing, and outlines all of the hospital's legal responsibilities before, during, and after the hearing. Every person who is involved with civil commitments (administration and treatment team), should read the CMO and be well-versed in what their responsibilities are. If you have never read a sample CMO, please carefully review the CMO and if you have any questions about the legal obligations it outlines or the court process, please discuss your questions with your hospital's attorney.

B. What if the CMO doesn't address a topic I have a question about?

Section I. INTRODUCTION, subsection C of the CMO lets the hospital know that if the Case Management Order does not cover a certain topic, the Nevada Revised Statutes and the Nevada Rules of Civil Procedure are the laws that must be followed. Questions about topics not covered in the CMO should be directed to the hospital's attorney.

C. When is the hearing?

Section I. INTRODUCTION, subsection A. of the CMO notifies the petitioner (petitioning hospital) of the date and time set for the hearing on the Petition for civil commitment. The hearing is set within 6 judicial days, per statute. The time that is on the CMO is an approximate time, which may be changed or updated in the portal. For more information about the updates in the portal, see section IV. "On the Date of the Hearing" in this document.

D. What does the hospital need to do before the date of the hearing?

1. Notice to the patient

Constitutional due process requires that the patient is notified of what is happening with the court process, so that they know what their rights are during the process and if they wish to, they can participate and be heard. The hospital needs to make sure that the patient is given a copy of everything that is filed and counter-filed by serving the patient (by handing them a copy) of all of the paperwork that is filed in their case, including a copy of the Recommendation that is filed and served on the hospital after the hearing.

Section II SERVICE, Subsection A of the CMO requires that a copy of the Petition that the hospital has filed and a copy of the Case Management Order that the court has filed and served on the hospital through email must be hand delivered to the patient within 24 hours of the CMO being served on the hospital.

Section II SERVICE, Subsection B of the CMO requires that after the Petition and the Case Management Order have been given to the patient, the hospital must file their Certificate of Service (a document that says in essence, "I swear that I have given a copy of the paperwork to the patient") on all the registered users (the email addresses listed on the back of the CMO). You must file the Certificate of Service immediately after the patient is given the Petition and the CMO. This filing must be done prior to 48 hours before the hearing (so if the hearing is Wednesday at 1pm, the filing has to be done before Monday at 1pm). Immediately after the hearing, the court files and serves a Recommendation on the hospital. This Recommendation must be immediately served on the patient, and the hospital must immediately afterwards file a Certificate of Service that the Recommendation has been served on the patient.

2. Arranging for a Court Interpreter for the Court Doctors' evaluations and the hearing

If the patient is a non-English speaker, you must make arrangements with the Court Interpreter's office to have a court certified interpreter available to translate for the patient during the Court Doctors' evaluation and the court hearing. Simply having a hospital staff person who speaks the

language is not sufficient for court proceedings. Using an interpretation service through a phone necessitates relay interpretation, which is more likely to cause inaccuracies in the information given and received.

You will also need to immediately notify the patient's attorney that the patient does not speak English, and let them know what language they speak.

Please contact the court interpreter's office, as well as court staff, as soon as you know that the patient will need an interpreter. If the patient gets discharged before the court doctor's assessments or the hearing, please contact the interpreter's office immediately to cancel the services of the interpreter.
You should notify the court interpreter's office NO LATER THAN the following times for an interpreter:

Spanish language	8 hours prior
American Sign Language	12 hours prior
Asian language	12 hours prior
All other languages	24 hours prior

The number for the court interpreter's office is (702) 671-4578. This is the number you should call during business hours. If an emergency requires that you call outside of business hours, the number is (702) 271-7372. The office will ask you to provide the following information:

The caller's name
The caller's agency
Date and time that the interpreter is needed
Language of the patient
Name and Case # of the patient
Location that the Interpreter will need to go to
*Court is held in the Discovery Courtroom on the 5th floor of the Regional Justice Center at 200 E. Lewis Avenue.
A phone number where the interpreter's office can reach you if there are any issues

3. Setting up the Court Doctors' evaluation

Section IV. EVALUATIONS AND PREHEARING DISCLOSURES, subsections A and C of the CMO outlines the statutory requirements for this procedure.
After the hospital has filed a petition, the statute requires that the patient is seen by two court-appointed doctors to evaluate the patient and submit a written opinion to the court as to whether or not the patient 1) suffers from an SMI, and 2) whether, because of the symptoms of the SMI, they are a substantial danger to others or to themselves (including an inability to care for themselves). These doctors are the court's experts, and their obligations are to the court. This means that the hospital does not have the right to their opinion and should not ask the doctors for advice or consultation regarding the patient. The court doctors are required to file their written reports to the court no later than 24 hours before the hearing.
For the patients that are at Rawson Neal, the doctors will evaluate the patient in person. For the patients that are at the other hospitals, the court, as a courtesy to the hospitals, has allowed for the patients to be evaluated via the secure video system that has been set up in the courtroom at Rawson Neal.

TIP: The preference is for the patient to be seen in person. However, understanding the difficulties and cost that the hospitals would endure by having to bring the patients to

Rawson Neal (as has been done for many years prior), the court has allowed the patients to be seen via video. This is a limited courtesy and can be revoked at any time.

It is the hospital's responsibility to make sure that their video equipment is working properly – both audio and video feeds are clear, and that if any changes are done by the hospital's IT, that they coordinate with the Eighth Judicial District Court IT to ensure that the upgrades do not compromise the connection or feeds.

email: CourtHelpDesk@clarkcountycourts.us
phone: (702) 671-3300

PLEASE NOTE: If the patients or staff cannot be seen or heard clearly by the court doctors during their assessment or during the court hearing because of the quality of the hospital's video equipment, or the hospital's video equipment is not working properly, then the court will require that the hospital physically bring the patient to be evaluated in-person to Rawson Neal at the time designated by the doctors, and again to Rawson Neal for their court hearing, until the video equipment is fixed and/or upgraded.

a. When will the doctors be seeing the patients?

Because court is held on Mondays and Wednesdays from 10am-12pm and 1pm – 5pm , the doctors need to see the patients early enough that they can file their written reports at least 24 hours before the court hearing time. This means that the doctors will schedule to see the patients:

Wednesday hearing: Sunday and Monday all day and Tuesday morning
Monday hearing: Tuesday and Wednesday all day and Thursday morning

There are 3 teams of two doctors, and the teams rotate each week. The teams of doctors consist of:

Dr. Brown and Dr. Lenkeit
Gbrown@gregorypbrownmd.com
Garylenkeit@gmail.com
Dr. Marvasti and Dr. Margolis
Mariammarvasti@gmail.com
Jillmargolisphd@gmail.com
Dr. Paglini and Dr. Slagle
Paglini.office@gmail.com
Munya@aol.com

There is currently a set schedule for each hospital for when the doctors will see the patients by video. The larger hospitals have a firm time, and the other hospitals have a 30 minute window that they need to have the patients prepared to see the doctors within that window.

Petition Filed on Monday
Doctor will assess BHU patients on **Wednesday** and file Reports by 1 p.m.
Doctor will assess ER patients on **Thursday** and file reports by 1 p.m.
Hearing will be conducted the following **Monday** (7 days later).

Petition Filed on Tuesday
Doctor will assess BHU patients on **Monday** and file Reports by 1 p.m.
Doctor will assess ER patients on **Tuesday** and file reports by 1 p.m.
Hearing will be conducted the following **Wednesday** (8 days later).

Petition Filed on Wednesday
Doctor will assess BHU patients on **Monday** and file Reports by 1 p.m.
Doctor will assess ER patients on **Tuesday** and file reports by 1 p.m.
Hearing will be conducted the following **Wednesday** (7 days later).

Petition Filed on Thursday
Doctor will assess BHU patients on **Monday** and file Reports by 1 p.m.
Doctor will assess ER patients on **Tuesday** and file reports by 1 p.m.
Hearing will be conducted the following **Wednesday** (6 days later).

Petition Filed on Friday
Doctor will assess BHU patients on **Wednesday** and file Reports by 1 p.m.
Doctor will assess ER patients on **Thursday** and file reports by 1 p.m.
Hearing will be conducted the following **Monday** (10 days later).

Doctors scheduled assessment dates:
Monday/Wednesday – mostly BHU Locations
Montevista
Rawson Neal
Seven Hills
Spring Mountain Treatment Center
Spring Mountain Sahara
Southern Hills
UMC
Valley BHU

Tuesday/Thursday – mostly ER Locations
Boulder City
Centennial Hospital
Desert Parkway
Desert Springs Hospital
Harmon
Henderson Hospital
North Vista
Rawson Neal
Sana
Spring Valley
St. Rose
Summerlin Hospital
Sunrise
Valley ER
VA

Any patients transferred from ER's to hospitals after evals were completed on Monday/Wednesday
All low volume hospitals (generally 0-3 patients) on a first notified (by email) first evaluated basis.

The hospitals must email the doctors the night before or at the very latest, very early the morning of the interview to let the doctors know which patients that they will be seeing. Please include in your email the name and cell number of a contact person for the day of the evaluations, as changes may arise as the doctors are doing their evaluations. Please list the names of the patients that will be seen, and if your administration allows, please include the case numbers of the patients as well. The doctors may adjust the video schedule, based on any changes that they receive regarding the number of patients that need to be seen.

TIP: Please utilize resources wisely. If the hospital is confident that 1) the patient's primary diagnosis is not an SMI (i.e. dementia, substance use, etc.), or 2) the patient is improving to the point that they will be discharged by the treatment team by the day of the hearing date, please do not have the patient interviewed by the court doctors for the assessment. Not only is it a strain on the doctors' resources, but it is also costly to the county.

If a certain hospital repeatedly has patients that, by their own medical charts, has a primary diagnosis that falls outside of the statute under NRS 433A.0175 and still continues to have the doctors assess the patients, the court may bring the hospital to court on an Order to Show Cause why the hospital should not be held in contempt and fine the hospital for the cost of each of those doctors' assessments that were improperly requested.

b. What should I tell the patient about seeing the doctors?

Please inform the patient that they are seeing two doctors in preparation for their civil commitment court hearing that is set for a future date.

TIP: Please do not tell the patient that they are "going to court" when, in fact, they are going to the video to be evaluated by the court doctors. Telling the patient this misinformation has led to much confusion when they talk with their attorneys. The patient is under the mistaken belief that they have already gone to their court hearing and do not need to talk to their attorney, when in fact, they have gone to the assessment, and not the court hearing.

c. What information do I need to be prepared to tell the doctors?

The treatment team member that brings the patient to the assessment must be knowledgeable about the patient's medication, treatment, behavior, and progress from the time that they have been admitted to the hospital. If the team member is not currently assigned to that patient, they must review the charts beforehand, and/or get information from the treatment team assigned to that patient to have the most up to date and accurate information about the patient. They should be prepared to answer questions from the doctors regarding this information. Most notably, they should be thoroughly knowledgeable about details regarding:

Noncompliance with medication
Any incidents on the unit which have required PRNs
Any incidents on the unit which have required restraints
Any self-harming or injurious behaviors
Any incidents where the patient has been aggressive with or injurious to others
Any recent, active thoughts of suicidal or homicidal ideation
Any behaviors which give the hospital concern about the patient's ability to care for self
If the patient who has been medically cleared and awaiting transfer is on the medical unit:
    What medical issues are they being treated for?
    Does the patient have any medical issues that their mental condition prevents them from managing safely?

Please be mindful of the fact that the doctors need to see a large number of patients within a short period of time – please organize your patients and have them ready, so once the doctors have finished assessing a patient and that patient is escorted out of the room, that the treatment team is ready to bring the next patient in immediately to be assessed.

TIP: The case number will give you some indication about the first time a petition was filed on that patient. Currently the formula is M- (the year the first petition was filed) – Case number –M. For example, a patient with a case number of M-08-123456-M had their very first petition filed in 2008.
Prior to 2007, the formula was a little bit different, and was (the year the first petition was filed) M case number. For example, a patient with a case number 98M123456 had their very first petition filed in 1998. This information could be significant on an elderly patient with a new case number. If a petition is filed on an 83 year old patient with a case number that starts with M-19, the doctors may want to know more information in order to determine whether or not the behavior is more due to dementia, rather than an SMI. In these cases, it is helpful for the hospital provide any additional collateral information that the treatment team has found, such as a recent move to Las Vegas and/or long history of an SMI per contact with the family. In the hearing, the patient's attorney will likely ask questions about this issue as well.

4. Setting up the Attorney consultation

Section I. INTRODUCTION, subsection B of the CMO immediately appoints the Clark County Public Defender (PD) as the patient's attorney.
Section IV. EVALUATIONS AND PREHEARING DISCLOSURES, subsection D of the CMO notifies the hospital that under the Eighth Judicial District Court Rules (EDCR) 1.44, the attorney must be allowed to interview their client, the patient. This means that the patient must be allowed to talk to their attorney prior to the court hearing.
Section IV. EVALUATIONS AND PREHEARING DISCLOSURES, subsection B of the CMO also refers to EDCR 1.44(e)(2), which notifies the hospital that they must make the patient's medical records and the list of alternatives to court-ordered treatment available for the attorney's review, if they wish to review them.

Currently, a representative from the PD's office (either the appointed attorney or the LCSW) will email the hospital with a list of the patients who have been examined by the court doctors, with the resulting findings: the patient meets criteria, does not meet criteria, or there is a split opinion on whether or not the patient meets criteria.

The PD will require that the patients that meet criteria or have a split evaluation be made available to talk to them about the court process, potential consequences of the hearing, and legal strategy. Please make sure to let the PD know about any non-english speakers, so they can make appropriate interpreter arrangements. If, in their discussion with their client the PD finds out about future viable discharge options (such as family members), they may ask the hospital to, with the patient's permission, make contact with those identified discharge options.

The hospital must make every effort to ensure that communication lines are open and there is a process in place to ensure that the PD is able to talk to their client before the hearing. Ignoring their attempts to contact the patient (by not answering their emails or phone calls), or not making the patient available to talk to the PD is a violation of the Case Management Order, the Nevada Revised Statutes, and due process.

If a hospital repeatedly (through intentional or negligent acts) does not make a patient available to talk to their attorney upon the attorney's request, the hospital may be brought in on an Order to Show Cause why the hospital should not be held in contempt of court, and may have sanctions imposed against the hospital, including but not limited to the imposition of fines or a revocation of video privileges.

TIP: The PD is appointed to represent the patient, and only the patient. The hospital should not ask the PD for legal advice or direction. If there is a legal question about what the hospital should do, that question should be directed to the hospital's attorney.

5. Notice to the Court of patient's discharge, dismissal, or transfer

Section III DISCHARGE OR TRANSFER, subsection A of the CMO confirms that according to state law in NRS 433A.220 (3), if the treating physician finds that the patient no longer "meets commitment criteria" and is well enough to discharge, the patient may be discharged prior to the hearing.

TIP: The PD will send an email to the hospital with a list of the court doctors' findings – who meets criteria, who did not meet criteria, and which patients the doctors had a split opinion on. If the court doctors find that the patient does not meet commitment criteria, unless the treating hospital has compelling evidence to the contrary, the court will dismiss the petition. The law does not allow a hold to continue simply because the treating physician or hospital "wants to see what the court does."
If the physician/hospital finds that the patient no longer meets commitment criteria, and the email confirms that both court doctors found the person did not meet commitment criteria, it is a violation of the patient's freedom rights to continue to hold them in the hospital against their will, simply for the patient to appear in court.

Section III DISCHARGE OR TRANSFER, subsection B of the CMO instructs the hospital to file a notice of discharge as soon as a patient is discharged. The notice cannot be filed later than 24 hours after the discharge.

If the hospital is no longer pursuing the petition (for example, if the patient has signed in as a voluntary patient, or the patient has a guardian who has signed them into treatment, or the patient is now deceased, etc.), the hospital must file a notice of dismissal. This notice must be filed no later than 24 hours after the event occurs (i.e. the time that the patient signed in as a voluntary patient).

TIP: The reason the court requires the hospital to file a notice of discharge or notice of dismissal is twofold: 1) so there is a court record of what happened to the patient, and 2) so the hearing can be removed from the court calendar.

If the hospital does not file a notice of discharge, the court has no notice that the patient is no longer at the hospital, and the court will still have a hearing scheduled, and will call the hospital and expect the hospital to produce the patient. A calendar report will be automatically uploaded to individual hospital portals at 7AM the morning of court. Additionally, the expected hearing times are updated live by the courtroom staff at http://www.clarkcountycourts.us/hospital/.
If the patient is discharging on the day of the hearing (so there is no notice of discharge yet filed), the court will ask the treatment team member about this information after they have been sworn in as a witness, so there is a record of what happened to the patient in the court's record.

Section III DISCHARGE OR TRANSFER, subsection C of the CMO instructs the hospital to file a notice of transfer as soon as the patient is transferred to a different hospital. The notice cannot be filed later than 24 hours after the transfer. At the time of the transfer, the sending

hospital must provide the receiving hospital with a copy of the Petition and CMO, and any other legal paperwork that they have filed and received. Additionally, Section III subsection D of the CMO requires the sending hospital to indicate whether or not the patient has been seen by the court doctors. It is the responsibility of the receiving hospital to ensure all required paperwork is received prior to accepting a patient.

> TIP: The reason the court requires the hospital to file a notice of transfer is so that 1) there is a court record of the transfer of the patient and 2) the patient's case can be placed in the correct hospital section of the calendar for the date of the hearing.

Please do not confuse a notice of transfer with a notice of discharge or dismissal. When you file a notice of transfer, the case is moved to the new receiving hospital's calendar. When you file a notice of discharge or dismissal, the case is take off calendar, no hearing is held, and the case is closed.

IV. On the Date of the Hearing

Civil Commitment Court is a high-volume calendar – on heavy calendar days, there can be over 150 cases set for hearing, including Motions for Medication Over Objection (DOR motions). The calendar can be as long as 6 hours or more in a day. Organizing the calendar so it runs smoothly takes an enormous amount of effort from the Court's clerk's office and IT department. Because of the volume of cases, the constant transfers of patients from one hospital to another, and the accurate and up to date information about a patient that needs to conveyed in order for the Court to process the case correctly and make informed decisions, it is extremely important that the hospital staff file the correct paperwork with the court in a timely manner, come to court prepared, and use the IT tools that have been provided by the court.

> TIP: Please be mindful that from the time the calendar starts, the Court is having continuous hearings with no breaks in between, until the Court finishes the calendar. Unless there is an emergency, please do not call the courtroom phone. Remember that when you call the courtroom phone, it is continuously ringing during a hearing, which is incredibly disruptive and distracting for the entire courtroom and the patient whose hearing is being heard. If the hospital has an urgent need to contact the court, the hospital can email the court clerks and they can address the issue by email when they are able to, in between hearings.

A. How do I access the portal?
http://www.clarkcountycourts.us/hospital/.

B. How do I know when the court will call the hospital on the video?
http://www.clarkcountycourts.us/hospital/.

> TIP: Providing the hospital the estimated time for appearance is a courtesy that the Court is providing to the hospitals. Every other District Court calendar gives the parties the start time of the calendar, and expects the parties to wait patiently for hours until their case is called. The Court recognizes the difficulty of handling acutely psychotic patients, so instead of just providing the start time of the calendar, the Court has created the portal to give an estimated time of appearance for each hospital. This is an estimation and not

an absolute time, as the calendar is fluid and circumstances may change during calendar. Please make sure you check the portal regularly, as the estimated time may move while the calendar is being heard.

The estimated time for your hospital's appearance is determined when the calendar is run. The calendar is run by 7:00am on the morning of the hearing day. Please check the portal after 8:30am to get your estimated appearance time.

Please do not call the Public Defender or the Court Clerks to find out when you are on calendar. The Portal will provide the estimated time for your hospital's appearance, and is regularly updated during court as circumstances change (i.e. a hospital ahead of you has discharged a number of patients in the last 3 hours so your time is now earlier, or a particular hearing has taken much more time than previously estimated so now your time is later, etc.). Please make sure you check the portal regularly (and at least 30 minutes before your current estimated time) during the court calendar to find out if your court time has moved.

C. How do I know which patients from my hospital are still on the Court's calendar?

A calendar report will be automatically uploaded to individual hospital portals by 8 AM the morning of court. Additionally, the expected hearing times are updated live by the courtroom staff at http://www.clarkcountycourts.us/hospital/.

D. What do I tell the patient about coming to court?

The patient should be told that their court hearing on the Petition for Civil Commitment is scheduled and they should come to court. In Court, they will have an opportunity to talk to the Court and give input on any decision that is made. The Court can make a decision to lift the court hold (restore their freedom) or keep the court hold in place (restrict their freedom). The Court could also make a decision to take away their freedom rights and involuntarily commit them to the hospital for up to 6 months.

TIP: Please do not refer to Civil Commitment Court as "Mental Health Court." Mental Health Court is a Specialty Court operated under the Eighth Judicial District Court's criminal division with defendants who have criminal charges. Please refer to the court as either "Court" or "Civil Commitment Court" so the patient is not confused about which court they are going to be attending.

E. What if the patient refuses to come to court?

The patient may make a decision that they do not want to come to court. The law requires that the patient is informed of the potential consequences if they choose not to attend. If the patient refuses to come to court, they need to be told that if they do not come to court, they could be involuntarily committed and held against their will in the hospital for up to 6 months. If there is also a Motion for Medication Over Objection (DOR) that is on calendar, the patient needs to be told that if they don't come to court, the Court could decide to allow the hospital forcibly medicate them.

Before the court can proceed with the hearing without the patient there, there needs to be a clear court record (documentation through the official notes that the court clerks type in) of what the patient has been advised about their court appearance. The Court needs to do this in order to establish on the court's record that the patient has knowingly and intelligently waived (given up) their right to come to court.

When the member of the treatment team (the State's witness) comes to court, after they have been sworn in and have informed the Court that the patient has refused to attend the hearing, the Court will ask the witness 1) what was told to the patient and 2) how did the patient respond. Court needs to establish on the court's record through the witness' testimony that the patient has been advised of their right to come to court, that they have been informed that if they don't come to court that they could be committed to the hospital for up to 6 months, and that even with that knowledge, that they have refused to come to court and have given up their right to come to court.

If they are also on for the DOR, the Court needs to establish that the patient has also been told that if they do not come to court they could be medicated against their will.
If the patient cannot come to court because of the hospital's decision (they are currently in restraints, or they were just given a PRN and are now sleeping), the Court cannot proceed with the hearing without the patient there, because the patient's non-appearance was not because of the patient's decision to not attend the hearing.

F. What do I need to do in order to prepare to testify in court?

The treatment team member that brings the patient to court is the State's star witness. The State is relying on their witness to testify and provide the most accurate information about the patient. For the patients that meet commitment criteria, the State questions the witness to prove by clear and convincing evidence that the patient should continue be held in the hospital against their will.

Section V. HEARING subsection A of the CMO references EDCR 1.44 (d), which requires that the record of the patient's drugs, medication, or other treatment that the patient has received the 72 hours prior to the hearing must be presented.
The witness should be knowledgeable about the patient's medication, treatment, behavior, and progress from the time that they have been admitted to the hospital. If the witness is not currently assigned to that patient, they should review the charts beforehand, and/or get information from the treatment team assigned to that patient to have the most up to date and accurate information about the patient. They should be prepared to answer questions from both the State and the patient's attorney. The witness should be knowledgeable about the patient, especially regarding:

Noncompliance with medication
Any incidents on the unit which have required PRNs
Any incidents on the unit which have required restraints
Any self-harming or injurious behaviors
Any incidents where the patient has been aggressive with or injurious to others
Any recent, active thoughts of suicidal or homicidal ideation
Any behaviors which give the hospital concern about the patient's ability to care for self
Any and all collateral information, including but not limited to, family members or friends who may be available to care for the patient
Any and all information regarding discharge plans

G. Is there a format that the court follows?

Yes.
As soon as the video is up, the Court will swear in the witness.
If the hospital has a large number of patients on calendar, the Court will ask how many of the patients the Court will be seeing, and the names of those patients. The Court will ask, one by one, what happened to the other patients that will not be coming to court, in order to establish an

official court record of why the patient is no longer going to be attending the hearing (i.e. the patient is currently in the process of discharging, the patient just signed in as a voluntary patient an hour ago, etc.). Those cases will be deemed moot (meaning the case no longer needs to have a court decision) and taken off calendar.

The witness should always immediately announce the name of the patient that is present. If there are multiple patients on calendar, the Court will not know what the name of the patient is by sight. In addition, the computer program that is used to create the Recommendations takes some time to bring up the screen for each patient, and the hearing cannot start without the screen up and ready to go.

After the witness has announced the name of the patient, the Court will start the hearing by calling the case name (the patient's name) and case number.
As soon as the hearing is done and the patient is escorted out of the room, please let the court know what the next patient's name is, so they can bring the next patient's screen up on the computer.

<u>For a status check hearing, which has been set days/weeks after the first hearing:</u>
The court will ask the patient how they have been doing, and if they have been taking their medication. The witness will be asked about an update on the patient's progress and any discharge plan that the hospital is working on.

<u>For the very first hearing:</u>
If the court doctors have evaluated the patient and written reports, the State will ask that the reports be admitted into the court's record as evidence.
The Court will explain to the patient the reason why they are in court (to determine whether or not they have to stay in the hospital or be transferred to a behavioral health facility for more mental health treatment).

Under NRS 433A.240, the court doctor evaluations are a necessary step in the Civil Commitment process. If no doctors' evaluations/reports were done, the Court will let the patient know that by law, the Court cannot hold them in the hospital against the patient's will. If the patient wishes to stay in the hospital, the hospital can have the patient sign in as a voluntary patient. If the patient wishes to leave the hospital, the Court will deny the petition and dismiss the case.
If court doctors' reports were written, the Court will let the patient know what the doctor's opinions were (they met commitment criteria, didn't meet commitment criteria, or there was a split opinion).

If the doctors found that the patient met commitment criteria, the Court will tell the patient that their attorney will make representations on their behalf.

> TIP: Prior to the hearing during the attorney consultation, the attorney has discussed the case, the doctor's reports and the court process with their client. If the patient is willing to keep working with the treatment team and remain in the hospital (instead of having a full commitment hearing, and risk being involuntarily admitted for 6 months), the Court will ask the patient and confirm with them that this is their decision.
> If the patient has told their attorney during their consultation that they want to be released, the attorney will ask the witness for an update on the patient's progress, and whether or not the treatment team opines that the patient still meets commitment criteria, and the facts that form the basis for that opinion.

If the State is pursuing the involuntary admission (commitment to the hospital), after the State questions the witness, the patient's attorney will then cross examine the witness. The Court will ask the patient if there is anything else the patient wants the Court to consider before making a decision regarding commitment. If the State has proven their case by clear and convincing evidence, the Court will recommend that the patient be involuntarily admitted to the hospital.

H. What if the court doctors have found that the patient doesn't meet commitment criteria, but the treatment team disagrees?

If the doctors found the patient did not meet commitment criteria, the Court will tell the patient the basis for the court doctors' findings of not meeting criteria (i.e. the behavior was not due to a mental illness, but was more due to amphetamines/neurocognitive disorder/personality disorder etc. OR the doctors found there was an SMI, but the patient is no longer a substantial danger to self/others).

The Court will inform the patient that unless the hospital has compelling evidence to the contrary, that the Court will lift the hold and release the patient.

> TIP: The treatment team witness should listen carefully to this statement, as it will give them direction on what kind of information the State may want to ask the witness. Remember, there are two hurdles the State needs to cross to prove that the patient meets commitment criteria:
>
> 1. The patient has to have a diagnosed mental illness. If there is no SMI, it does not matter how dangerous the patient may be. This is the first hurdle that the State needs to prove by clear and convincing evidence.
>
> 2. The patient has to be a substantial danger to others or self (including an inability to care for self).
>
> If the hospital disagrees with the court doctors' evaluations, the Court's explanation to the patient about why the court doctors' found the patient did not meet commitment criteria lets the treatment team know to get ready to testify about 1) a different diagnosis that the treating physician may have for the patient or 2) recent behaviors that exhibit substantial danger to self or others.

The Court will ask the witness if there is any compelling evidence to the contrary. If the answer is "yes," the State will question the witness.
If the State determines that the witness' testimony may change the court doctors' opinion, during the hearing they will telephone the court doctors on speakerphone (so the patient can hear the doctors' testimony), and present the testimony evidence from the witness. The court doctors may have follow up questions for the witness. After this testimony has been presented, the State will ask the court doctors if the additional information changes their opinion on whether or not the patient meets commitment criteria.

> TIP: If the hospital has knowledge of compelling evidence that the patient still meets commitment criteria (contrary to what the court doctor's reports find), the hearing is the time where this information must be provided. If the hospital does not provide this information at the hearing, the Court will dismiss the petition based on the fact that there was no clear and convincing evidence presented to show that the patient met commitment criteria. Simply re-legaling the patient based on old information that the hospital already

had and could have presented at the hearing but chose not to, after the hearing has occurred, would be a violation of the patient's freedom rights under the Constitution. The court recognizes that sometimes a petition must be dismissed because no doctors reports were performed as the statute requires (because the patient was in the middle of transferring to the new hospital at the time of the assessment), or that a patient may exhibit new behaviors (that show a dangerousness to self or others) immediately after the hearing. The hospital will have to re-assess the patient at that point in time to see if re-legaling the patient based on new information (not using the previous legal hold paperwork) is warranted. You may want to review with your hospital attorney the criminal penalties that could be sought under NRS 433A.750 for not following the law.

I. What kinds of questions could I be asked in the hearing?

Typically, the attorneys ask the same types of questions of the witness. Detailed facts are more helpful than vague statements (they are acting inappropriately vs. they have been sexually inappropriate and have touched multiple staff members in private areas). If a general statement has been made, the attorneys may ask follow up questions. Listed below are some examples of typical questions.

1. <u>For the first hearing</u>

How has the patient been doing on the unit?
There has been some mention of aggression on the unit. Could you give us more detail?
There appears to be a concern about danger to self. Could you give us some more detail?
It looks like the court doctors found that the patient was unable to care for themselves at the time of the assessment, but that was a couple of days ago. Has the patient improved in their ability to care for themselves?
What is the patient's primary diagnosis?
What is the discharge plan?
Have you contacted family/group home about taking them back?
What is the estimated length of stay?
Have they been taking their medication?

If not : When is the last time they took their medication?

How many times have they taken their medication, and on what days and times?

Is the hospital filing a DOR?

Has there been improvement in their behavior since the court doctor's assessment?
Does the treatment team still find that the patient is a substantial danger to others/self/unable to care for self? Why?
What specifically are the concerns about the patient's inability to care for self/danger to others/self?

2. <u>For the status check hearing</u>

Could we get an update on the patient's progress?
Have they been medication compliant?
What is the estimated length of stay?
What is the discharge plan?

How long do you estimate it will take for the group home to have an opening?

Have you contacted family, and when are they ready to take the patient home? Are they willing to take them home today and follow up with outpatient treatment?

How is the patient getting back to (New York, Texas, etc.)?

TIP: Remember that the Court is looking for the most accurate and detailed information about the patient's behavior that would prove that because of a serious mental illness, the patient is a substantial danger to themselves or others (including an inability to care for self) outside of the inpatient setting.

Information that is helpful to provide includes detail about their medication compliance, attendance at group therapy and treatment team meetings, whether or not the patient is still symptomatic, and what those symptoms are, whether or not the doctor is still adjusting medication and what behavioral improvements they anticipate on the medication, etc. It is also helpful to explain how those symptoms or behaviors demonstrate that the patient would continue to be a danger to others or self or unable to care for self.

The court is also looking at any other less restrictive appropriate environments that would be available options (such as discharging to a responsible family member who is willing to help the patient follow up with outpatient treatment etc.). Please be prepared to answer questions about any discharge options that the hospital is working on, including communication with family, group homes, service coordination, etc.

Coming to court without any knowledge of the patient or their behavior is not helpful (i.e. "I don't know, this isn't my patient"). It is helpful to provide as much detail about concerning behaviors as possible ("they're aggressive on the unit" vs. "they have hit three other patients on the unit in the last 24 hours"). Generalized statements are not helpful (i.e. "yesterday was a bad day" vs. "yesterday the patient punched the attending nurse"; "they're unable to care for themselves" vs. "the patient is still not eating or showering without prompting and has been urinating in the room and in the hall"). Having the witness ask the patient the answers to the questions (i.e. turning to the patient and asking "are you taking your meds?" or "are you discharging today?") is less helpful than actual confirmation from the treatment team about the answers. The attorneys are asking the treatment team witness the questions, and expect the witness to be knowledgeable about the subject and answer the question based on their knowledge.

Also, please keep in mind that you are providing testimony to attorneys and not medical personnel, and while the attorneys may be familiar with certain terms such as "responding to internal stimuli" or "the patient's mood is labile," they may not be familiar with some medical terms, or may need a little more detail, so try to keep your descriptions in plain language (i.e. "they're verbally aggressive at staff" vs. "they yell and scream at the doctor when she tries to talk them.")

Lastly, please remember that the Court has to look at the legal standard regarding whether or not a patient should continue to have their freedoms restricted. While everybody in the courtroom may agree that the patient would benefit from further treatment, the ultimate question that needs to be answered is whether or not the court doctors and treatment team find that the patient still meets commitment criteria. If the patient no longer meets commitment criteria, the court can no longer require that they continue to be held in the hospital against the patient's will.

J. What kinds of decisions can the court make?

Under NRS 433A.310, the patient has a right to have the court make a decision at the first hearing, which is set within 6 judicial days (judicial days do not include weekends and holidays) of the filing of the petition to either:

1. Release the patient, or
2. Commit the patient to a mental health facility for up to six months

If the State does not prove by clear and convincing evidence at the hearing that the patient meets commitment criteria, the patient is entitled to be released.

Under 433A.220, the patient's attorney and the District Attorney may stipulate (enter into an agreement) to postpone having the court make a decision at the hearing, and set another court date in the future, while the patient continues to be held and engage in inpatient treatment.

If the State proves by clear and convincing evidence at the hearing that the patient meets commitment criteria, the majority of the time, the PD will ask the Court to postpone making a commitment decision, and set the matter for a status check in a few weeks to allow the patient to work with the treatment team until the team finds the patient is well enough to discharge.

In cases where a Motion for Medication Over Objection (Denial or Rights, or DOR) is also being heard, the Court must first involuntarily admit the patient prior to hearing the evidence for the DOR motion. This means that for a DOR to proceed, the State must first prove by clear and convincing evidence that the patient meets commitment criteria. If that threshold is not met, the DOR cannot proceed.

K. What do I need to do after court?

Section VI WRITTEN FINDINGS, subsection B of the CMO require the hospital to serve a copy of the written findings titled "Recommendation" on the patient and file a Certificate of Service with the Court.

If, after the civil commitment hearing the Court involuntarily admits the patient due to violence to others, NRS 433A.380 (4) allows the hospital to conditionally release that patient only if, at the time of the release, written notice is given to the Court, the person's legal guardian, and the District Attorney. If you are unclear about your obligations regarding this statute, please confer with your hospital's attorney.

If the Court has denied the petition and dismissed the case, under NRS 433A.310 (1)(a), the hospital must discharge the patient no later than 24 hours after the court issues the order, unless the person applies for admission as a voluntary patient.

L. Why does the paperwork say "Recommendation"?

Under EDCR 1.44, Civil Commitment Court is heard by a Hearing Master, who makes written findings and recommendations, which are reviewed by the Chief Judge and must be approved before they become a court order.

The recommendation has a 24 hour "objection period" where a patient can file a written objection (saying that they disagree with the Hearing Master's recommendation) to the Chief Judge. Section VII OBJECTIONS, subsection A of the CMO outlines this process, as it is included in EDCR 1.44.

After 24 hours have passed and there is no objection filed, then the Chief Judge approves the recommendation and it becomes a court order.
If an objection is filed within the 24 hour period, after reviewing the objection and the recommendation, the Chief Judge can either:

1. Approve the recommendation
2. Reject the recommendation and order such relief as may be appropriate, or
3. Have a rehearing

V. Motions for Medication Over Objection (DOR) Hearings

In situations where a patient does not want to take medication, please remember that from a legal standpoint, having your right to refuse medication taken away is one of the most restrictive (because your freedom to choose what goes into your body) and intrusive (because medication that you do not want is being injected into your body) freedom rights that a person can be deprived of. It is only under very limited circumstances that those rights can be taken away. Under NRS 433.484, a patient has certain rights concerning care, treatment and training, including the right to require written consent before the hospital can institute their plan of care. NRS 433.494 also requires that the individualized written plan must provide for the least restrictive treatment procedure that may reasonably be expected to benefit the patient.
The hospital may determine that the best and most effective treatment, consistent with standards of practice in the medical community requires the administration of certain medications in order to reduce the symptoms of mental illness and allow the patient to function in a less restrictive environment.

If the patient refuses to give written consent to the administration of medications, the hospital can file a Motion for Medication Over Objection (Denial of Rights, aka DOR) with the Court.

> TIP: If it has been over 6 months since your hospital has had your hospital attorney review the DOR motion that the hospital regularly files, please have them review the motion to ensure that the law that is cited to is current, that the motion accurately reflects the hospital's current chosen administrative process, and that the motion complies with the Nevada Rules of Civil Procedure. For example, if in the body of the motion it states that the hospital's process mandates a second opinion review by three psychiatrists, and refers to an attached exhibit as evidence of the review process, the attached exhibit should contain the physician's certificates from three psychiatrists. If the exhibit only contains two certificates by two APRNs, that would be a misrepresentation of the hospital's administrative process.
> Any time that NRS 433 and 433A is changed during the legislative session, and any time the hospital changes their administrative procedure for DORs, the hospital should confer with their attorney to update their motion.

A. What information is helpful for the hospital to include in the motion?

The Court recognizes that each hospital may have a slightly different administrative process for a second opinion review. Recognizing those differences, it is helpful to the Court to include a description of your hospital's administrative review process for DORs and attach the review, including the physician's certificates, to the motion.

> TIP: It is helpful to make sure that the physician's certificates are legible - some hospitals type out the information in the physician's certificates, which is incredibly helpful.
> It is also helpful to include the names of the specific medications sought to be used, in the body of the motion and the proposed order. During the hearing, the District Attorney will be reading off the names of the medication as proposed by the hospital in their motion. This can be difficult if the names of the medications are not legible.

B. When will the motion be scheduled?

The Court will schedule this motion for the very next court calendar (i.e. if the motion is filed Wednesday through Friday, it will be on Monday's calendar, and if the motion is filed Saturday through Tuesday, it will be on Wednesday's calendar).

C. What are the hospital's responsibilities before the hearing?

a. Notice to the patient

If the hospital is seeking to forcibly medicate a patient, the patient is entitled to notice about the motion and the hearing. Please make sure that as soon as a DOR motion is filed and you receive a notice of the hearing from the Court, that a copy of each are served on the patient, and that you file a certificate of service.

b. Scheduling the Court Doctors assessment if the patient has not yet been seen

While the Petitions for Civil Commitment are scheduled within 6 judicial court days, a Motion for Medication Over Objection (DOR) is scheduled on the very next available court day. The Court cannot hear the DOR without first involuntarily admitting the patient. The patient cannot be involuntarily admitted without the Court Doctors assessment.

Often times, the patient has had their first hearing (after being evaluated by the Court Doctors for that hearing), the matter has been set for a status check in a couple weeks, but during that time the patient has been refusing to take their medication so a DOR motion is set between the first hearing and the status check hearing. In those cases, the patient does not need to be assessed by the Court Doctors a second time.

Sometimes, the Petition and the DOR motion are filed at the same time; in those situations, please schedule an assessment with the Court Doctors immediately.

c. Consultation with Attorney

The patient has a right to confer with their attorney prior to the hearing.

> TIP: It is helpful to let the PD know if there is a DOR that is being filed imminently with the Court (or is already set for a hearing). The attorney and the LCSW at the PDs office are very skilled at explaining the legal situation and the potential consequences of a commitment and DOR, and in many cases, are able to convince the patient to start taking the medication in order to avoid the severe legal consequences.

D. Is there a format that the Court follows?

Yes. The Court will explain to the patient that two decisions have to be made: 1) whether or not the patient should be committed and 2) whether or not the patient should be forcibly medicated. The Court will explain that the it is the Court's understanding that the patient is not taking the medication prescribed, and will then ask the patient why they are not taking their medication. If the patient gives a rational basis for not taking the medication (i.e., the patient has concerns about a particular prescribed medication and would like to consider other medication, and the Court confirms with the Doctor that this conversation has not already taken place), the Court may postpone the petition and the DOR hearing to the very next court date to see if this resolves the medication compliance issue.

The PD may ask the patient if they are willing to take the medication today, during the hearing. Often times, when the patient understands that they may be involuntarily admitted for up to 6 months if they do not take their medication, they are willing to start taking their medication. The Court will watch the patient take their medication during the hearing, and tell the patient that if they do not continue to take all of their medication as prescribed by their Doctor, that the Court will proceed with the hearings at the very next court date. The Court will then set a status check for the next available court date.

> TIP: Please have the patient's medication ready and available at the hearing, so that if the patient tells the Court that they are willing to take the medication, they can do so immediately. If the patient still refuses to take the medication when it is ready and available, the Court will proceed with the hearing on involuntary admission first.

In order for a DOR to proceed, the patient must still meet commitment criteria and first be involuntarily admitted. The Court will first have the hearing regarding the Petition, and the witness may be asked questions about whether or not the patient's behavior still demonstrates that the patient continues to be a danger to themselves or others. If the patient meets commitment criteria, the Court will recommend that the patient be involuntarily committed, and then will hear the DOR motion afterwards.

The Court recognizes that administrative review processes differ between the different hospitals. In order to ensure that the DOR is the least restrictive treatment option, the Court will have a hearing where the treating doctor is sworn in and presents testimony.
It is preferable to have the witness (treating physician) appear alongside the patient on the video. This ensures that the patient can hear the witness' testimony clearly. If the physician witness is in the hospital, the Court will ask the witness to come to the hospital's hearing room in order to provide testimony.

However, the Court recognizes that the physicians frequently travel among the hospitals, so in those cases where the physician is not at the hospital, the Court will telephone the physician and have their testimony presented telephonically over speakerphone, so the patient can hear the testimony.

The treating physician will be sworn in. The District Attorney (who is not the moving party, but participates by questioning the witness as a courtesy to the hospitals) will first ask that the physician's certificates that are attached to the DOR motion be admitted into evidence. The DA will then use this script to ask the following questions (and any follow up questions) of the physician:

1. Is **** your patient?
    a. If not, are you familiar with this patient? How are you familiar with this patient?

2. Is it your opinion that the patient would not be able to take care of themselves/danger to self or others outside the hospital setting?

3. What is your diagnosis of the patient?

4. Is the patient taking medication?

5. Have you discussed with the patient the potential benefits and side effects of the medication?

6. When you have had that discussion, what is the patient's response?

7. Has the client articulated a rational basis for not taking the medication?

8. In your clinical opinion, do you believe that the client, in their current condition, is able to meaningfully participate in treatment decisions?

9. Is it your clinical opinion that the client will not improve without medication?

10. Do you recommend the following medications for the treatment of the client's diagnosis of ****?
    a. READ LIST OF MEDICATIONS FROM THE MOTION/ORDER

11. Are the recommended medications medically appropriate for the condition/diagnosis given?

12. Do the potential benefits of the medication outweigh any potential side effects?

13. How does the treatment team monitor and manage side effects? (Has the hospital established a protocol of safeguards in place -- monitor medication levels, administer blood draws as necessary, modify medication and dosages as needed)

14. Without these medications, will the patient continue to be a danger to themselves/others/unable to care for self?

15. In your clinical opinion, is there any less intrusive alternative treatments available to restore the patient to psychiatric stability?

The patient's attorney can then cross examine the witness. The Court will ask the patient if there is anything else the patient wants the Court to consider before making a decision regarding the DOR.

If the Court finds clear and convincing evidence has been presented that the DOR motion should be granted, the Court will recommend that the DOR be granted and will sign the submitted order. The hospital must print both the recommendation on the involuntary commitment and the recommendation on the DOR and serve it on the patient while on video, so the court can make a record of the time that the patient was served. The 24 hour objection period runs from the time that the patient was served.

If the patient refused to come to the hearing or left in the middle of the hearing, the hospital must serve the patient with both recommendations and notate the time the patient was served in the Certificate of Service that it files with the court.

After the objection period has run, the Chief Judge will approve the recommendations, sign the order, and file and serve it on the hospital. This will appear in the email address that is on file with the Court.

VI. Conditional Release After Involuntary Commitment

The law allows any person who has been civilly committed to be conditionally released from an involuntary commitment when, in the judgement of the medical director of the facility, the conditional release is:

In the best interest of the person, will provide the lease restrictive, appropriate treatment, and such release will not be detrimental to the public welfare;

A treatment program has agreed to provide case management, support and supervision to ensure compliance with the conditional release; and

The person qualifies to receive case management, support, and supervision from the designated program.

A. What does the hospital need to file if someone is being conditionally released and when should it be filed?

If the decision is made to conditionally release a person who has been involuntarily admitted, the hospital must notify the court prior to release by filing a Notice of Conditional release.

B. What needs to be included in the Notice of Conditional Release filing?

The Notice of Conditional Release must include the effective period of the conditional release.

Example: Person is involuntarily committed January 1 (commitment period is up to 6 months). If that person is conditionally released March 1, the period of the conditional release would be in effect until the date specified *but no later than* July 1.

In addition to the Notice itself, the hospital must complete the Conditional Release Form, which includes patient's personal information; family/collateral contact information; financial information; diagnosis; medication; notable behaviors and symptoms, etc. The specific terms of the conditional release must be listed. Common conditions include, but are not limited to, taking medication as prescribed; attending medication, case management, and/or therapy appointments; attending counseling; remaining in residence at the group home/address discharged to.

TIP: The Court has worked to create a uniform Conditional Release Form that can be used by all hospitals and facilities. This form should be completed with as much detail and information as possible. It is important for the person being released to have a clear understanding of the expectations. There is no central information sharing site for hospitals. Completing the form, and being thorough in the information included, allows any future hospital, should the person be readmitted, to have a better understanding of the patient and allows for more timely, personalized care.

TIP: In order to monitor compliance with the terms of the conditional release, the hospital should take whatever steps are necessary, such as having the patient sign a release of information prior to discharging, so that staff may contact the patient's case manager,

treatment providers, etc.

C. What if the person has a legal guardian?

Under NRS 433A.380(2) and (3), if the person has a legal guardian, the guardian must be notified at least 3 days before discharge. If the person is discharging in less than 3 days, the guardian must be notified as soon as practicable. The guardian has the authority to determine where the person will be released. However, if the guardian does not inform the facility within 3 days after the date of notification, the facility must discharge the person according to the discharge plan.

D. How will a hospital know if a patient is someone who's been conditionally released from a prior involuntary commitment?

If a person who is conditionally released is admitted to a hospital on a mental health crisis hold prior to the expiration of the conditional release (within 6 months), and a petition for involuntary admission is filed, Section VIII. CONDITIONAL RELEASE, subsection B of the CMO outlines the process the Court clerk's office will follow. When a petition is filed, the clerk's office will look to see if the patient is under a current commitment order. If the person was conditionally released from that order, the clerk's office will serve the petitioning hospital with the CMO and a copy of the Order for Involuntary Admission; the Notice of Conditional Release and the terms thereof; and the Order for Medication Over Objection (if applicable). The hospital should then immediately file a Return of Conditional Release so that a hearing can be scheduled on the next court day. At the hearing for the Return of Conditional Release, the court may make a determination on whether or not someone is compliant with the terms of the conditional release.

E. What if someone is not compliant with the terms of the conditional release?

If at any time a person who is conditionally released is not compliant with the release terms, the hospital should file a Return of Conditional Release (in addition to the petition for court ordered involuntary admission). When the Return is filed, the court may set a hearing, either before or at the same time as the hearing on the petition. If the parties (district attorney and defense counsel) consent, the court will move forward with a hearing to determine if the conditional release and its terms remain appropriate, rather than proceed on the new petition. If both parties do not consent to the hearing for the Return of Conditional Release, the court will proceed with a hearing on the new petition as usual.

F. What information will I need to present at a hearing for a Return of Conditional Release?

At the hearing for the Return of Conditional Release, the hospital should be prepared to present the original terms of conditional release, information about the person's compliance/noncompliance with those terms, as well as any proposed modifications or new terms to be added to the conditional release. The hospital may collect this information from the patient themselves or any of the treatment providers listed in the conditional release information (provided a release of information is signed).

VII. Assisted Outpatient Treatment

In 2013, Nevada enacted into law the ability to involuntarily commit a patient to an outpatient treatment program. Southern Nevada Adult Mental Health currently runs the Assisted Outpatient Treatment (AOT) program, with 75 spots. The goal of AOT is to mandate the patient's engagement in treatment, with an eye towards continued compliance and ultimately, stepping them down to less restrictive services.

NRS 433A.335 outlines this process, and specifies in subsection 3 that AOT is the least restrictive treatment which is in the best interest of the patient and that the patient committed to AOT:

1. Must be over the age of 18
2. Has a mental illness
3. Has a history of noncompliance with treatment for his/her mental illness that has resulted in at least one of the following:
    a. At least twice during the preceding 48 months, hospitalized or received services in the behavioral unit of a detention facility or correctional facility
    b. Poor compliance has been a significant factor is causing the person to commit, attempt to commit or threaten to commit serious physical harm to self or others during the immediately preceding 48 months
    c. Hospitalized or incarcerated for a cumulative period of 6 months and is scheduled to be discharged or released within 30 days following the petition, or has been discharged or released within the 60 days preceding the petition
4. Is unwilling or unlikely to voluntarily participate in outpatient treatment that would enable the person to live safely in the community without court supervision
5. Is the least restrictive appropriate means to prevent further disability or deterioration that would result in the person becoming a person in a mental health crisis

The target population for AOT are patients with frequent hospitalizations due to SMI, where lesser restrictive treatment options have failed. AOT is an available option to all patients, whether or not they have insurance coverage. Private hospitals can refer a patient to be assessed for the AOT program. As part of the program, AOT has the ability to place the patient in supported living arrangement housing, and they are assigned a case manager to assist with medication compliance. After the commitment hearing for AOT, the Court oversees the patient's compliance with the program through regular status checks in court.
Jennifer Hughes is the point of contact for assessments.
Jennifer's contact information is:

(702) 486-8233
jehughes@health.nv.gov

If the treatment team has identified a patient that they believe would be appropriate for the AOT program, please contact Jennifer so that she can make arrangements to assess the patient at your hospital.

The patient can be involuntarily committed through a Settlement Agreement (where they agree to participate and sign a document explaining the rights they are giving up by agreeing to be involuntarily committed to AOT), or through a hearing where the Attorney General will question the AOT treatment team to establish that the patient meets criteria under 433A.335.

AOT Referral

Email to: AOTRreferral@health.nv.gov

Date of Referral	Referral Source / Local Agency	Referrer's Name	Referrer's Telephone #

If Available: Attach a legible copy of client's state picture ID and Social Security card.

Client's Name: _____

Age: _____ Birthdate: _____

Social Security #: _____

Sex: ☐ Female ☐ Male ☐ Transgender/Other

Race:

☐ American Indian (☐ with CDIB card)

(mark all that apply) ☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Ethnicity: ☐ And also Hispanic or Latino

Preferred Language: _____

Telephone: _____

Address: _____

City, ST, ZIP: _____

Legal Guardian: _____

Next of Kin: _____

Relationship: _____

Telephone: _____

Address: _____

City, ST, ZIP: _____

Insurance: ☐ None ☐ Medicaid ☐ Medicare ☐ Other

Date Applied for Health Insurance: _____

SNAP (Food Stamps): _____

SSI: Supplemental Security Income: _____

RSDI (SSDI): Retirement, Survivors, & Disability Insurance: _____

Other income (e.g., paycheck, VA benefits): _____

Payee: ☐ None/NA ☐ Client ☐ SNAMHS ☐ Private Payee

Has Identification: ☐ Yes ☐ No

State of issuance: _____ _____

Total times hospitalized within the last 12 months: _____

Total days hospitalized within the last 12 months (0-365): _____

Mental Health Diagnoses: (include DSM/ICD-9-CM codes)

Primary: _____

Other: _____

Other: _____

Other: _____

DSM diagnosis date: (within the last 12 months) _____

Diagnoser: (full name & credentials):

☐ Has been continually homeless for at least the last 12 months

Episodes of Homelessness within the last three years:
☐ Zero ☐1 ☐2 ☐3 ☐4 or more

History of incarceration:
☐ Zero ☐1 ☐2 ☐3 ☐4 or more
Current Legal Charges: ☐Y ☐N
Longest length of stay:_____

Housing Status prior to hospitalization: (select only one)
☐ Category 1 - Homeless
☐ Category 2 - At imminent risk of losing housing (within 14 days)
☐ Category 3 - Homeless only under other federal statutes
☐ Category 4 - Fleeing domestic violence
☐ At-risk of homelessness (unstably housed)
☐ Stably housed

Substance Use History (*Check all that apply*): N/A
☐ ETOH ☐ COC ☐ AMPH ☐ THC ☐ BZD ☐ OP ☐ BARB ☐PCP

Last Date of Substance Use:

_____

Substances Used:

_____
_____
_____

Services Needed (*Check all that apply*):
☐ Medication Clinic
☐ Service Coordination
☐ Housing

Does client need short-term emergency housing:
☐Y ☐N

Clinical history of:

☐ Psychosis
☐ Substance Use
☐ Suicidal Ideation
☐ Suicide Attempts
☐ Aggression/Violence
☐ Destruction of property
☐ Fire setting
☐ Arrests
☐ Incarceration
☐ Sexual Offences

Describe any current legal charges, upcoming court dates, and name and contact of any probation or parole officer:
Describe any formal or informal supports the client has. List any previous service coordination/case management history:
Describe any Functional Impairments (what does the client need help to do or not do?):
List any previous outpatient programs attended (Counseling, Service Coordination, etc.) and dates of service:

ALL REFERRAL FORMS MUST BE EMAILED TO AOTRreferral@health.nv.gov no other way will be accepted.

IF YOU SHOULD HAVE ANY QUESTIONS, PLEASE CONTACT AT EXTENSION 63758

VIII. Recent & Upcoming Changes

1. Updated Family Petition forms and process.
The family petition information packet and forms have been updated and can be found at https://www.familylawselfhelpcenter.org/forms/miscellaneous-forms

2. Information sharing from the Court for Continuum of Care.
In the 2017 Legislative Session, AB85 amended NRS 433A.715 (8) to allow the court to share records to a provider of health care to assist with treatment of the patient. For continuity of care, the Court has implemented:

a. Conditional Release from Commitment to Inpatient Treatment – when a patient is under the 6 month commitment period, if the hospital is going to conditionally release the patient, they will file a notice that includes a description of the conditions that the patient must follow in an outpatient setting in order to be released. The information will include the treating physician, treatment modalities and medication, family contacts (if available), etc.

   If a patient returns to the same hospital while they are under commitment, the hospital can file a "Notice of Return from Conditional Release" which will be placed on the very next available calendar. After hearing testimony from the treatment team, the Court may make the decision to return the patient back to the involuntary inpatient admission, along with putting any previous DOR orders that were in place.

   If a patient comes into a new hospital while they are under commitment, when the new hospital files a petition, the Court will serve the Notice of Conditional Release (which contains the previous treatment and contact information) on the new hospital, so they are provided the treatment information.

3. The Court is currently working on AOT notice – when a hospital petition is filed on a patient that is currently in the AOT program, the Court will serve the hospital with notice that the patient is in AOT, and the points of contact (the treating physician and the program coordinator) for AOT.

Rules of Practice for the Eighth Judicial District Court of the State of Nevada

Rule 1.44. Civil commitments and hearing masters; duties of the Division of Public and Behavioral Health; duties of counsel.

(a) The provisions of this rule apply to all court-ordered admissions of any person alleged to be in a mental health crisis.

(b) Unless otherwise ordered by the chief judge, civil commitment hearings must be conducted by the civil commitment hearing master. The compensation of the masters must not be taxed against the parties, but when fixed by the chief judge, must be paid out of appropriations made for the expenses of the court. Every master must be in good standing as a member of the State Bar of Nevada.

(c) The civil commitment hearing master may conduct formal court hearings at the hospital or wherever is most convenient to the master and the person alleged to be in a mental health crisis. The master has the authority to swear witnesses, take evidence, appoint independent medical evaluators, evaluate competency, recommend guardians, and conduct all other matters relating to the involuntary commitment proceeding. All proceedings must be recorded or transcribed by a duly appointed court recorder or reporter as provided by law.

(d) Not less than 24 hours before the time set for a commitment hearing, the Administrator of the Public and Behavioral Health Division, or the administrator's designee, must examine each person alleged to be in a mental health crisis and prepare, for presentation at the hearing, a report designating which facilities are available together with a recommendation of the least restrictive environment suitable to the patient's needs. At the time of the hearing, the person alleged to be in a mental health crisis must not be so under the influence of or so suffer the effects of drugs, medication or other treatment as to be hampered in preparing for or participating in the hearing, and a record of all drugs, medication or other treatment that the person has received during the 72 hours immediately prior to the hearing must be presented to the master.

(e) The Clark County Public Defender's Office must furnish counsel for all persons alleged to be in a mental health crisis not otherwise represented by an attorney.

(1) Prior to the hearing, the public defender or the attorney for the person alleged to be in a mental health crisis must interview the person, explain to the person his or her rights pending court-ordered treatment, the procedures leading to court-ordered treatment, the standards for court-ordered treatment and the alternative of becoming a voluntary patient. The public defender must also explain that the person can obtain counsel at the person's own expense.

(2) Prior to the hearing, the person's attorney must review the commitment petition, evaluation reports, the patient's medical records and the list of alternatives to court-ordered treatment.

(f) At the conclusion of each hearing, a copy of the written recommendation of the hearing master must be given to the person, the person's counsel and the district attorney. Not later than 5:00 p.m. on the day the hearing concludes, the hearing master's recommendation must be submitted to the chief judge.

(g) Objections to the master's recommendation must be made to the chief judge at the time the report is submitted or at such other time as the chief judge may prescribe. The chief judge may require oral objections to be reduced to writing.

(h) After reviewing the master's recommendation and any objection thereto, the chief judge must:

(1) Approve the same and order the recommended disposition,

(2) Reject the recommendation and order such relief as may be appropriate, or

(3) Direct a rehearing.

(i) All rehearings of matters heard before the master must be before the chief judge and must be conducted de novo.

(j) No recommendation of a master will become effective until expressly approved by the chief judge.

[Amended; effective January 1, 2020.]

Nevada Revised Statutes

Consumers' Rights

NRS 433.484 Rights concerning care, treatment and training. Each consumer admitted for evaluation, treatment or training to a facility has the following rights concerning care, treatment and training, a list of which must be prominently posted in all facilities providing those services and must be otherwise brought to the attention of the consumer by such additional means as prescribed by regulation:

1. To medical, psychosocial and rehabilitative care, treatment and training including prompt and appropriate medical treatment and care for physical and mental ailments and for the prevention of any illness or disability. All of that care, treatment and training must be consistent with standards of practice of the respective professions in the community and is subject to the following conditions:

(a) Before instituting a plan of care, treatment or training or carrying out any necessary surgical procedure, express and informed consent must be obtained in writing from:

(1) The consumer if he or she is 18 years of age or over or legally emancipated and has the capacity to give that consent, and from the consumer's legal guardian, if any;

(2) The parent or guardian of a consumer under 18 years of age and not legally emancipated; or

(3) The legal guardian of a consumer of any age who has been adjudicated mentally incompetent;

(b) An informed consent requires that the person whose consent is sought be adequately informed as to:

(1) The nature and consequences of the procedure;

(2) The reasonable risks, benefits and purposes of the procedure; and

(3) Alternative procedures available;

(c) The consent of a consumer as provided in paragraph (b) may be withdrawn by the consumer in writing at any time with or without cause;

(d) Even in the absence of express and informed consent, a licensed and qualified physician may render emergency medical care or treatment to any consumer who has been injured in an accident or motor vehicle crash or who is suffering from an acute illness, disease or condition, if within a reasonable degree of medical certainty, delay in the initiation of emergency medical care or treatment would endanger the health of the consumer and if the treatment is immediately entered into the consumer's record of treatment, subject to the provisions of paragraph (e); and

(e) If the proposed emergency medical care or treatment is deemed by the chief medical officer of the facility to be unusual, experimental or generally occurring infrequently in routine medical practice, the chief medical officer shall request consultation from other physicians or practitioners of healing arts who have knowledge of the proposed care or treatment.

2. To be free from abuse, neglect and aversive intervention.

3. To consent to the consumer's transfer from one facility to another, except that the Administrator of the Division of Public and Behavioral Health of the Department or the Administrator's designee, or the Administrator of the Division of Child and Family Services of the Department or the Administrator's designee, may order a transfer to be made whenever conditions concerning care, treatment or training warrant it. If the consumer in any manner objects to the transfer, the person ordering it must enter the objection and a written justification of the transfer in the consumer's record of treatment and immediately forward a notice of the objection to the Administrator who ordered the transfer, and the Commission shall review the transfer pursuant to subsection 3 of NRS 433.534.

4. Other rights concerning care, treatment and training as may be specified by regulation of the Commission.

(Added to NRS by 1975, 1596; A 1981, 893; 1985, 2266; 1989, 1756; 1993, 2717; 1999, 99, 3233; 2011, 414; 2015, 1675)

NRS 433.494 Individualized plan of services for consumer.

1. An individualized written plan of mental health services must be developed for each consumer of each facility. The plan must:

(a) Provide for the least restrictive treatment procedure that may reasonably be expected to benefit the consumer; and

(b) Be developed with the input and participation of:

(1) The consumer, to the extent that he or she is able to provide input and participate; and

(2) To the extent that the consumer is unable to provide input and participate, the parent or guardian of the consumer if the consumer is under 18 years of age and is not legally emancipated, or the legal guardian of a consumer who has been adjudicated incapacitated.

2. The plan must be kept current and must be modified, with the input and participation of the consumer, the parent or guardian of the consumer or the legal guardian of the consumer, as appropriate, when indicated. The plan must be thoroughly reviewed at least once every 3 months.

3. The person in charge of implementing the plan of services must be designated in the plan.

(Added to NRS by 1975, 1597; A 1989, 1757; 1999, 2594; 2005, 307; 2011, 415; 2013, 668, 3010)

CHAPTER 433A - ADMISSION TO MENTAL HEALTH FACILITIES OR ASSISTED OUTPATIENT TREATMENT; HOSPITALIZATION

General Provisions

NRS 433A.010 Applicability of chapter. The provisions of this chapter apply to all mental health centers of the Division of Public and Behavioral Health of the Department and of the Division of Child and Family Services of the Department. Such provisions apply to private institutions and facilities offering mental health services only when specified in the context.

(Added to NRS by 1975, 1599; A 1993, 2721; 1999, 101; 2013, 3013)

NRS 433A.011 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 433A.012 to 433A.0194, inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by 1993, 2720; A 2013, 3488; 2019, 348; 2021, 3077)

NRS 433A.012 "Administrative officer" defined. "Administrative officer" means a person with overall executive and administrative responsibility for those state or nonstate facilities for mental health designated by the Administrator.

(Added to NRS by 1993, 2720; A 2013, 668, 3014)

NRS 433A.013 "Administrator" defined. "Administrator" means:

1. Except as otherwise provided in subsection 2, the Administrator of the Division of Public and Behavioral Health of the Department.
2. Regarding the provision of services for the mental health of children pursuant to chapter 433B of NRS, the Administrator of the Division of Child and Family Services of the Department.

(Added to NRS by 1993, 2720; A 1999, 101)

NRS 433A.0135 "Assisted outpatient treatment" defined. "Assisted outpatient treatment" means outpatient services provided pursuant to a court order to a person with a mental illness for the purpose of treating the mental illness, assisting the person to live and function in the community or to prevent a relapse or deterioration that may reasonably be predicted to result in harm to the person or another person if the person with a mental illness is not treated. The term does not include services provided to residents of a mental health facility.

(Added to NRS by 2013, 3486; A 2021, 3077)—(Substituted in revision for NRS 433A.019)

NRS 433A.0145 "Consumer" defined. "Consumer" means any person who, whether voluntarily or involuntarily, seeks and can benefit from care, treatment and training:

1. In a public or private mental health facility or other public or private facility offering mental health services; or
2. From a person professionally qualified in the field of psychiatric mental health who provides assisted outpatient treatment.

(Added to NRS by 2021, 3067)

NRS 433A.015 "Division" defined. "Division" means:

1. Except as otherwise provided in subsection 2, the Division of Public and Behavioral Health of the Department.
2. Regarding the provision of services for the mental health of children pursuant to chapter 433B of NRS, the Division of Child and Family Services of the Department.

(Added to NRS by 1993, 2720; A 1999, 102; 2013, 3014)

NRS 433A.016 "Division facility" defined. "Division facility" means:

1. Except as otherwise provided in subsection 2, any unit or subunit operated by the Division of Public and Behavioral Health of the Department for the care, treatment and training of consumers.
2. Any unit or subunit operated by the Division of Child and Family Services of the Department pursuant to chapter 433B of NRS.

(Added to NRS by 1993, 2721; A 1999, 102; 2011, 425)

NRS 433A.0163 "Emergency admission" defined. "Emergency admission" means the involuntary admission of a person who has been placed on a mental health crisis hold to a public or private mental health facility or hospital pursuant to NRS 433A.162.

(Added to NRS by 2021, 3067)

NRS 433A.0167 "Involuntary court-ordered admission" defined. "Involuntary court-ordered admission" means the admission of a person in a mental health crisis to a public or private mental health facility ordered by a court pursuant to NRS 433A.200 to 433A.330, inclusive.

(Added to NRS by 2021, 3067)

NRS 433A.017 "Medical director" defined. "Medical director" means the medical officer in charge of any program of the Division of Public and Behavioral Health of the Department.

(Added to NRS by 1993, 2721; A 1999, 102; 2013, 3014)

NRS 433A.0172 "Mental health crisis hold" defined. "Mental health crisis hold" means the detention of a person alleged to be a person in a mental health crisis for transport, assessment, evaluation, intervention and treatment pursuant to NRS 433A.160.

(Added to NRS by 2021, 3067)

NRS 433A.0175 "Person in a mental health crisis" defined.

1. "Person in a mental health crisis" means any person:

(a) Who has a mental illness; and

(b) Whose capacity to exercise self-control, judgment and discretion in the conduct of the person's affairs and social relations or to care for his or her personal needs is diminished, as a result of the mental illness, to the extent that the person presents a substantial likelihood of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195.

2. The term does not include any person in whom that capacity is diminished by epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs, or dependence upon or addiction to alcohol or other substances, unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.

(Added to NRS by 1985, 2268; A 1989, 1757; 1997, 3493; 2009, 333; 2013, 668, 3488; 2017, 1644; 2019, 348, 2618)—(Substituted in revision for NRS 433A.115)

NRS 433A.018 "Person professionally qualified in the field of psychiatric mental health" defined. "Person professionally qualified in the field of psychiatric mental health" means:

1. A psychiatrist licensed to practice medicine in this State;
2. A psychologist licensed to practice in this State;
3. A social worker who holds a master's degree in social work and is licensed by the State as a clinical social worker;
4. A registered nurse who:

(a) Is licensed to practice professional nursing in this State; and

(b) Holds a master's degree in the field of psychiatric nursing;

5. A marriage and family therapist licensed pursuant to chapter 641A of NRS; or
6. A clinical professional counselor licensed pursuant to chapter 641A of NRS.

(Added to NRS by 1993, 2721; A 2007, 3086; 2021, 3077)

NRS 433A.019 "Program of community-based or outpatient services" defined. [Replaced in revision by NRS 433A.0135.]

NRS 433A.0192 "Supporter" defined. "Supporter" has the meaning ascribed to it in NRS 162C.090.

(Added to NRS by 2021, 3067)

NRS 433A.0194 "Voluntary admission" defined. "Voluntary admission" means the admission of a person to a public or private mental health facility or a division facility pursuant to NRS 433A.140 as a voluntary consumer for the purposes of observation, diagnosis, care and treatment.

(Added to NRS by 2021, 3067)

NRS 433A.0195 Person deemed to present substantial likelihood of serious harm to himself or herself or others in certain circumstances. For the purposes of this chapter, a person shall be deemed to present a substantial likelihood of serious harm to himself or herself or others if, without care or treatment, the person is at serious risk of:

1. Attempting suicide or homicide;

2. Causing bodily injury to himself or herself or others, including, without limitation, death, unconsciousness, extreme physical pain, protracted and obvious disfigurement or a protracted loss or impairment of a body part, organ or mental functioning; or

3. Incurring a serious injury, illness or death resulting from complete neglect of basic needs for food, clothing, shelter or personal safety.

(Added to NRS by 2019, 347)

NRS 433A.020 Administrative officer: Qualifications. The administrative officer of a facility of the Division must:

1. Be selected on the basis of training and demonstrated administrative qualities of leadership in any one of the fields of psychiatry, medicine, psychology, social work, public health or administration.

2. Be appointed on the basis of merit as measured by administrative training or experience in programs relating to mental health, including care and treatment of persons in a mental health crisis.

(Added to NRS by 1975, 1599; A 1979, 813; 1981, 1685; 1983, 642; 1985, 2268; 1999, 2594; 2013, 668, 3014)

NRS 433A.030 Administrative officer: Powers and duties. The administrative officers have the following powers and duties, subject to the administrative supervision of the Administrator:

1. To exercise general supervision of and establish regulations for the government of the facilities designated by the Administrator;

2. To be responsible for and supervise the fiscal affairs and responsibilities of the facilities designated by the Administrator;

3. To appoint such medical, technical, clerical and operational staff as the execution of his or her duties, the care and treatment of consumers and the maintenance and operation of the facilities designated by the Administrator may require;

4. To make reports to the Administrator, and to supply the Administrator with material on which to base proposed legislation;

5. To keep complete and accurate records of all proceedings, record and file all bonds and contracts, and assume responsibility for the custody and preservation of all papers and documents pertaining to his or her office;

6. To inform the public in regard to the activities and operation of the facilities;

7. To invoke any legal, equitable or special procedures for the enforcement of his or her orders or the enforcement of the provisions of this chapter and chapters 433, 433B and 433C of NRS and other statutes governing the facilities;

8. To submit an annual report to the Administrator on the condition, operation, functioning and anticipated needs of the facilities; and

9. To assume responsibility for the nonmedical care and treatment of consumers if that responsibility has not been delegated.

(Added to NRS by 1975, 1600; A 1979, 813; 2011, 425; 2013, 3014)

NRS 433A.040 Administrative officer: Other employment prohibited; exceptions. Except as otherwise provided in NRS 284.143, an administrative officer shall devote his or her entire time to the duties of his or her position and shall have no other gainful employment or occupation, but the administrative officer may attend seminars, act as a consultant and give lectures relating to his or her profession and accept appropriate stipends for the seminars, consultations and lectures.

(Added to NRS by 1975, 1600; A 1979, 814; 1985, 423; 1995, 2314)

NRS 433A.080 Coordinator of medical programs: Qualifications and selection; powers and duties.

1. A coordinator of medical programs is the medical head of any division facility designated by the Administrator. The coordinator of medical programs:

(a) Must be a psychiatrist licensed to practice medicine or, in the case of a treatment facility authorized by paragraph (b) of subsection 1 of NRS 433B.290, a psychiatrist or a pediatrician licensed to practice medicine.

(b) May be a psychiatrist or pediatrician in private practice under contract to the Division.

(c) Must have such additional qualifications as are in accordance with criteria prescribed by the Division of Human Resource Management of the Department of Administration and must be in the unclassified service of the State.

2. A coordinator of medical programs shall:

(a) Cause to be kept a fair and full account of all medical affairs;

(b) Have standard medical histories currently maintained on all consumers, and administer or have administered the accepted and appropriate medical treatments to all consumers under his or her care, and may, by delegation of the administrative officer, be responsible for the nonmedical care and treatment of consumers; and

(c) Undertake any diagnostic, medical or surgical procedure in the interest of the consumer, but only in accordance with the provisions of subsection 1 of NRS 433.484.

(Added to NRS by 1975, 1601; A 1979, 814; 1981, 1686; 1983, 642; 1993, 2721; 2011, 425)

NRS 433A.085 Forms for detainment, evaluation, admission, treatment and conditional release. All applications, certificates and other forms for the detainment, evaluation, admission, treatment and conditional release of any person in the State of Nevada under the provisions of this chapter shall be made on forms approved by the Division and the Office of the Attorney General and furnished by the clerks of the district courts in each county.

(Added to NRS by 1975, 1608; A 2013, 3489; 2021, 3078)—(Substituted in revision for NRS 433A.130)

NRS 433A.090 Revolving Account for Northern Nevada Adult Mental Health Services. There is hereby created a Revolving Account for Northern Nevada Adult Mental Health Services in the sum of $7,500, which may be used for the payment of bills requiring immediate payment and for no other purpose. The Administrative Officer shall deposit the Revolving Account in one or more banks or credit unions of reputable standing. Payments made from the Revolving Account must be promptly reimbursed from money appropriated for Northern Nevada Adult Mental Health Services as other claims against the State are paid.

(Added to NRS by 1975, 1612; A 1979, 815; 1991, 206; 1999, 1497; 2001, 1116)

NRS 433A.100 Gift accounts in Department of Health and Human Services' Gift Fund; sale or exchange of gifts of property.

1. A gift account in the Department of Health and Human Services' Gift Fund is hereby created for each division facility, and all gifts of money which the Division is authorized to accept for the respective facilities must be deposited in the State Treasury to the credit of the appropriate account. Amounts in the accounts must be used for division mental health facility purposes only and expended in accordance with the terms of the gift. All claims must be approved by the administrative officer before they are paid.

2. Gifts of property, other than money, may be sold or exchanged when it is deemed by the administrative officer and the Administrator to be in the best interest of the division mental health facility. The sale price must be not less than 90 percent of the value determined by a qualified appraiser appointed by the administrative officer. All money realized from the sale must be deposited in the State Treasury to the credit of the appropriate account and must be spent for division mental health facility purposes only.

(Added to NRS by 1975, 1613; A 1979, 622; 1981, 78)

NRS 433A.110 Canteen for facility of Division: Establishment and operation.

1. The administrative officer of a division mental health facility which provides treatment for inpatients may cause to be established a canteen operated for the benefit of consumers and employees of the facility. So far as practical within good business practices, the prices of commodities sold must approximate costs. The administrative officer shall cause to be kept a record of transactions in the operation of the canteen.

2. The Administrator may designate money from budgeted resources in appropriate amounts to each such facility for the establishment and operation of canteens. The money must be used to supplement the financial operation of the canteens, if required, to provide money for needy consumers' canteen privileges, and to provide for such other expenditures benefiting the consumers of such division facilities as the respective administrative officers may deem necessary. All proceeds of sale collected must be deposited with the State Treasurer for credit to the appropriate operating account of the mental health facility. The operating account must separately identify in the record of transactions the proceeds of sale collected, the amount of budgeted resources used, and the total amount expended for the operations of the canteen. All proceeds of sale collected must be used for the operation of the canteen. Proceeds of sale collected which exceed the amount necessary to maintain the operation of the canteens must be used to benefit the consumers.

3. An appropriate sum may be maintained as petty cash at each canteen.

4. The respective administrative officers may cause to be appointed such staff as are necessary for the proper operation of the canteens.

(Added to NRS by 1975, 1613; A 1981, 263; 2011, 426)

ADMISSION TO HOSPITALS, MENTAL HEALTH FACILITIES OR ASSISTED OUTPATIENT TREATMENT

General Provisions

NRS 433A.115 "Person with mental illness" defined. [Replaced in revision by NRS 433A.0175.]

NRS 433A.120 Types of admission. There are three types of admission to mental health facilities in the State of Nevada:

1. Voluntary admission;
2. Emergency admission; and

3. Involuntary court-ordered admission.

(Added to NRS by 1975, 1602)

NRS 433A.130 Forms for admission. [Replaced in revision by NRS 433A.085.]

NRS 433A.140 Voluntary admission: Procedures for admission and release; effect of voluntary release.

1. Any person may apply to:

(a) A public or private mental health facility in the State of Nevada for admission to the facility; or

(b) A division facility to receive care, treatment or training provided by the Division,

➥ as a voluntary consumer for the purposes of observation, diagnosis, care and treatment. In the case of a person who has not attained the age of majority, application for voluntary admission or care, treatment or training may be made on his or her behalf by the person's spouse, parent or legal guardian.

2. If the application is for admission to a division facility, or for care, treatment or training provided by the Division, the applicant must be admitted or provided such services as a voluntary consumer if an examination by personnel of the facility qualified to make such a determination reveals that the person needs and may benefit from services offered by the mental health facility.

3. Any person admitted to a public or private mental health facility as a voluntary consumer must be released immediately after the filing of a written request for release with the responsible physician or that physician's designee within the normal working day, unless the facility changes the status of the person to an emergency admission pursuant to NRS 433A.145. When a person is released pursuant to this subsection, the facility and its agents and employees are not liable for any debts or contractual obligations, medical or otherwise, incurred or damages caused by the actions of the person.

4. Any person admitted to a public or private mental health facility as a voluntary consumer who has not requested release may nonetheless be released by the medical director of the facility when examining personnel at the facility determine that the consumer has recovered or has improved to such an extent that the consumer is not considered a danger to himself or herself or others and that the services of that facility are no longer beneficial to the consumer or advisable.

5. A person who requests care, treatment or training from the Division pursuant to this section must be evaluated by the personnel of the Division to determine whether the person is eligible for the services offered by the Division. The evaluation must be conducted:

(a) Within 72 hours if the person has requested inpatient services; or

(b) Within 72 regular operating hours, excluding weekends and holidays, if the person has requested assisted outpatient treatment.

6. This section does not preclude a public facility from making decisions, policies, procedures and practices within the limits of the money made available to the facility.

(Added to NRS by 1975, 1602; A 1993, 2114; 1997, 3494; 2011, 426; 2019, 349; 2021, 3078)

Mental Health Crisis Hold and Emergency Admission

NRS 433A.145 Restrictions on change of status from voluntary consumer to emergency admission.

1. If a person in a mental health crisis is admitted to a public or private mental health facility or hospital as a voluntary consumer, the facility or hospital shall not change the status of the person to an emergency admission unless:

(a) A person described in NRS 433A.160 places the person on a mental health crisis hold; and

(b) The requirements prescribed by NRS 433A.162 have been met.

2. Except as otherwise provided in subsection 3, a person whose status is changed pursuant to subsection 1 must not be detained in excess of 72 hours, including weekends and holidays, after the person is placed on a mental health crisis hold pursuant to NRS 433A.160 unless, before the close of the business day on which the 72 hours expires, a written petition for an involuntary court-ordered admission to a mental health facility is filed with the clerk of the district court pursuant to NRS 433A.200, including, without limitation, the documents required pursuant to NRS 433A.210.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

(Added to NRS by 1997, 3492; A 2009, 333; 2011, 427; 2015, 2990; 2019, 350; 2021, 3079)

NRS 433A.150 Detention for assessment, evaluation, intervention and treatment; limitation on time.

1. A person alleged to be a person in a mental health crisis who is placed on a mental health crisis hold pursuant to NRS 433A.160 may, subject to the provisions of subsection 2, be detained in a public or private mental health facility or hospital for assessment, evaluation, intervention and treatment, regardless of whether any parent or legal guardian of the person has consented to the mental health crisis hold.

2. Except as otherwise provided in subsection 3, a person detained pursuant to subsection 1 must be released within 72 hours, including weekends and holidays, after the person is placed on a mental health crisis hold pursuant to NRS 433A.160 unless, before the close of the business day on which the 72 hours expires, a written petition for an involuntary court-ordered admission to a mental health facility is filed with the clerk of the district court pursuant to NRS 433A.200, including, without limitation, the documents required pursuant to NRS 433A.210, or the status of the person is changed to a voluntary admission.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

(Added to NRS by 1975, 1602; A 1985, 2269; 1989, 1758; 2001, 3041; 2003, 1944; 2009, 334; 2013, 3489; 2019, 350, 2619; 2021, 3079)

NRS 433A.155 Petition for order to place person on mental health crisis hold; issuance and delivery of order.

1. A person listed in subsection 2 may petition a district court for an order requiring any peace officer to place a person alleged to be in a mental health crisis on a mental health crisis hold pursuant to NRS 433A.160.

2. A petition pursuant to subsection 1 may be made by:

(a) An officer authorized to make arrests in the State of Nevada;

(b) A physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse;

(c) The spouse, parent, adult child or legal guardian of a person alleged to be a person in a mental health crisis;

(d) A person who is providing case management, support and supervision to a person who has been conditionally released pursuant to NRS 433A.380, including, without limitation, a member of the staff of a community treatment program, social services agency, mobile crisis team or multi-disciplinary team that is providing case management, support and supervision to the person who is the subject of the petition; or

(e) Any other person who has a legitimate interest in a person alleged to be a person in a mental health crisis.

3. The district court may issue an order to place a person alleged to be in a mental health crisis on a mental health crisis hold only if it is satisfied that there is probable cause to believe that the person who is the subject of the petition is a person in a mental health crisis. If the district court issues such an order, the court shall ensure the delivery of the order to the sheriff of the county. The sheriff shall:

(a) Provide the order to the public or private mental health facility or hospital to which the person placed on a mental health crisis hold is transported; or

(b) Arrange for the person who transports the person placed on a mental health crisis hold to a public or private mental health facility or hospital to provide the order to the facility or hospital.

(Added to NRS by 2021, 3067)

NRS 433A.160 Procedure for placement on mental health crisis hold; regulations concerning accredited agent of Division.

1. An officer authorized to make arrests in the State of Nevada or a physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse who, based on his or her personal observation of a person or the issuance of a court order pursuant to NRS 433A.155, has probable cause to believe that the person is a person in a mental health crisis, may place the person on a mental health crisis hold by:

(a) Taking the person into custody without a warrant for assessment, evaluation, intervention and treatment at a public or private mental health facility or hospital; and

(b) Completing and providing to the public or private mental health facility or hospital the form prescribed pursuant to NRS 433A.085 for the placement of a person on a mental health crisis hold. The form must set forth the circumstances under which the person was taken into custody and the reasons therefor.

2. A person who places another person on a mental health crisis hold pursuant to subsection 1 may transport that person to a public or private mental health facility or hospital or arrange for the person to be transported by:

(a) A local law enforcement agency;

(b) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority;

(c) An entity that is exempt pursuant to NRS 706.745 from the provisions of NRS 706.386 or 706.421;

(d) An accredited agent of the Division;

(e) A provider of nonemergency secure behavioral health transport services licensed under the regulations adopted pursuant to NRS 433.3317; or

(f) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS.

3. To the extent practicable, a person described in subsection 1 shall attempt to obtain the consent of the parent or guardian of an unemancipated person who is less than 18 years of age before placing the person on a mental health

crisis hold. The person who places an unemancipated person who is less than 18 years of age on a mental health crisis hold or, if the person is acting within the scope of his or her employment, the employer of the person, shall maintain documentation of each such attempt until the person who is placed on a mental health crisis hold reaches at least 23 years of age.

4. The State Board of Health shall adopt regulations governing the manner in which:

(a) A person may apply to become an accredited agent of the Division; and

(b) Accredited agents of the Division will be monitored and disciplined for professional misconduct.

5. As used in this section, "an accredited agent of the Division" means any person authorized by the Division to transport to a mental health facility pursuant to paragraph (d) of subsection 2 those persons being placed on a mental health crisis hold.

(Added to NRS by 1975, 1603; A 1983, 506; 1985, 2269; 1989, 1759; 1997, 3494; 2001, 1017, 3042; 2005, 967; 2007, 3087; 2015, 2990; 2017, 1748; 2019, 351, 1924, 2619; 2021, 3080)

NRS 433A.162 Procedure for emergency admission of person placed on mental health crisis hold; limitation on period of emergency admission.

1. A public or private mental health facility or hospital may admit a person who has been placed on a mental health crisis hold under an emergency admission if:

(a) After conducting an examination pursuant to NRS 433A.165, a physician, physician assistant or advanced practice registered nurse determines that the person does not have a medical condition, other than a psychiatric condition, which requires immediate treatment;

(b) A psychologist, a physician, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, who is employed by the public or private mental health facility or hospital completes a certificate pursuant to NRS 433A.170;

(c) A psychiatrist or a psychologist or, if a psychiatrist or a psychologist is not available, a physician or an advanced practice registered nurse who has the training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, evaluates the person at the time of admission and determines that the person is a person in a mental health crisis; and

(d) A psychiatrist approves the admission.

2. The provisions of subsections 2 and 3 of NRS 433A.150 continue to apply to a person who is admitted to a public or private mental health facility or hospital under an emergency admission pursuant to this section.

(Added to NRS by 2021, 3068)

NRS 433A.165 Examination required before emergency admission of person to facility; treatment of certain medical conditions required before emergency admission to facility; payment of costs; exceptions; regulations.

1. Before a person alleged to be a person in a mental health crisis may be admitted to a public or private mental health facility or hospital under an emergency admission pursuant to NRS 433A.162, the person must:

(a) First be examined by a licensed physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS or an advanced practice registered nurse licensed pursuant to NRS 632.237 at any location where such a physician, physician assistant or advanced practice registered nurse is authorized to conduct such an examination to determine whether the person has a medical condition, other than a psychiatric condition, which requires immediate treatment; and

(b) If such treatment is required, be admitted for the appropriate medical care:

(1) To a hospital if the person is in need of emergency services or care; or

(2) To another appropriate medical facility if the person is not in need of emergency services or care.

2. If a person alleged to be a person in a mental health crisis has a medical condition in addition to a psychiatric condition which requires medical treatment that requires more than 72 hours to complete, the licensed physician, physician assistant or advanced practice registered nurse who examined the person must:

(a) On the first business day after determining that such medical treatment is necessary, file with the clerk of the district court a written petition for the involuntary court-ordered admission of the person to a public or private mental health facility pursuant to NRS 433A.200 after the medical treatment has been completed. The petition must:

(1) Include, without limitation, the medical condition of the person and the purpose for continuing the medical treatment of the person; and

(2) Be accompanied by a copy of:

(I) The form for the placement of a person on a mental health crisis hold completed pursuant to NRS 433A.160; and

(II) The certificate completed pursuant to NRS 433A.170, unless the medical condition prevents the completion of such a certificate.

(b) Seven days after filing a petition pursuant to paragraph (a) and every 7 days thereafter, file with the clerk of the district court an update on the medical condition and treatment of the person.

3. The examination and any transfer of the person from a facility when the person has an emergency medical condition and has not been stabilized must be conducted in compliance with:

(a) The requirements of 42 U.S.C. § 1395dd and any regulations adopted pursuant thereto, and must involve a person authorized pursuant to federal law to conduct such an examination or certify such a transfer; and

(b) The provisions of NRS 439B.410.

4. The cost of the examination must be paid by the county in which the person alleged to be a person in a mental health crisis resides if services are provided at a county hospital located in that county or a hospital or other medical facility designated by that county, unless the cost is voluntarily paid by the person alleged to be a person in a mental health crisis or, on the person's behalf, by his or her insurer or by a state or federal program of medical assistance.

5. The county may recover all or any part of the expenses paid by it, in a civil action against:

(a) The person whose expenses were paid;

(b) The estate of that person; or

(c) A responsible relative as prescribed in NRS 433A.610, to the extent that financial ability is found to exist.

6. The cost of treatment, including hospitalization, for a person who is indigent must be paid pursuant to NRS 428.010 by the county in which the person alleged to be a person in a mental health crisis resides.

7. The provisions of this section do not require the Division to provide examinations required pursuant to subsection 1 at a division facility if the Division does not have the:

(a) Appropriate staffing levels of physicians, physician assistants, advanced practice registered nurses or other appropriate staff available at the facility as the Division determines is necessary to provide such examinations; or

(b) Appropriate medical laboratories as the Division determines is necessary to provide such examinations.

8. The State Board of Health shall adopt regulations to carry out the provisions of this section, including, without limitation, regulations that:

(a) Define "emergency services or care" as that term is used in this section;

(b) Prescribe a procedure to ensure that an examination is performed pursuant to paragraph (a) of subsection 1; and

(c) Prescribe the type of medical facility that a person may be admitted to pursuant to subparagraph (2) of paragraph (b) of subsection 1.

9. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

(Added to NRS by 1987, 1445; A 1991, 2209; 1993, 908; 2001, 1018; 2003, 1453, 1944; 2007, 1855; 2009, 334; 2013, 2080; 2019, 352; 2021, 3082)

NRS 433A.170 Certificate of certain providers of health care required for emergency admission. Except as otherwise provided in this section, the administrative officer of a facility operated by the Division or of any other public or private mental health facility or hospital shall not accept a person for an emergency admission under NRS 433A.162 unless a psychologist, a physician, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 completes a certificate stating that he or she has examined the person alleged to be a person in a mental health crisis and that he or she has concluded that the person is a person in a mental health crisis. The certificate required by this section may be obtained from a psychologist, physician, physician assistant, clinical social worker or advanced practice registered nurse who is employed by the public or private mental health facility or hospital to which the person alleged to be a person in a mental health crisis is to be admitted.

(Added to NRS by 1975, 1603; A 1985, 2270; 1989, 1550, 1759; 1997, 3495; 2001, 3043; 2015, 2991; 2019, 354; 2021, 3083)

NRS 433A.185 Notice of mental health crisis hold for person who is under 18 years of age; maintenance of documentation of notice. As soon as practicable but not more than 8 hours after an unemancipated person who is under 18 years of age is placed on a mental health crisis hold, the administrative officer of the public or private mental health facility or hospital in which the person is being held or his or her designee shall attempt to give notice of the mental health crisis hold in person, by telephone or facsimile and by certified mail to the parent or legal guardian of that person and shall maintain documentation of each such attempt until the person who is placed on a mental health crisis hold reaches at least 23 years of age.

(Added to NRS by 2019, 2617; A 2021, 3084)

NRS 433A.190 Notice of emergency admission for person who is at least 18 years of age.

1. The administrative officer of a public or private mental health facility or hospital shall ensure that, within 24 hours of the emergency admission of a person alleged to be a person in a mental health crisis who is at least 18 years

of age, the person is asked to give permission to provide notice of the emergency admission to a family member, friend or other person identified by the person.

2. If a person alleged to be a person in a mental health crisis who is at least 18 years of age gives permission to notify a family member, friend or other person of the emergency admission, the administrative officer shall ensure that:

(a) The permission is recorded in the medical record of the person; and

(b) Notice of the admission is promptly provided to the family member, friend or other person in person or by telephone, facsimile, other electronic communication or certified mail.

3. Except as otherwise provided in subsections 4 and 5, if a person alleged to be a person in a mental health crisis who is at least 18 years of age does not give permission to notify a family member, friend or other person of the emergency admission of the person, notice of the emergency admission must not be provided until permission is obtained.

4. If a person alleged to be a person in a mental health crisis who is at least 18 years of age is not able to give or refuse permission to notify a family member, friend or other person of the emergency admission, the administrative officer of the mental health facility or hospital may cause notice as described in paragraph (b) of subsection 2 to be provided if the administrative officer determines that it is in the best interest of the person in a mental health crisis.

5. If a guardian has been appointed for a person alleged to be a person in a mental health crisis who is at least 18 years of age or the person has executed a durable power of attorney for health care pursuant to NRS 162A.700 to 162A.870, inclusive, or appointed an attorney-in-fact using an advance directive for psychiatric care pursuant to NRS 449A.600 to 449A.645, inclusive, the administrative officer of the mental health facility or hospital must ensure that the guardian, agent designated by the durable power of attorney or the attorney-in-fact, as applicable, is promptly notified of the admission as described in paragraph (b) of subsection 2, regardless of whether the person alleged to be a person in a mental health crisis has given permission to the notification.

(Added to NRS by 1975, 1604; A 1993, 2114; 2009, 1667; 2019, 354, 2621; 2021, 3084)

NRS 433A.195 Procedure for release from mental health crisis hold.

1. A licensed physician on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person from a mental health crisis hold upon completion of a certificate which meets the requirements of NRS 433A.197 signed by a licensed physician on the medical staff of the facility or hospital, a physician assistant under the supervision of a psychiatrist, psychologist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 stating that he or she has personally observed and examined the person and that he or she has concluded that the person is not a person in a mental health crisis.

2. A psychologist, a physician, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital who has personally assessed an unemancipated person who is less than 18 years of age after the person was placed on a mental health crisis hold may release the person from the hold if the parent or guardian of the person agrees to treatment or accepts physical custody of the person.

(Added to NRS by 2009, 332; A 2015, 2992; 2019, 355; 2021, 3085)

NRS 433A.197 Requirements for and limitations on forms, applications and certificates.

1. A form or certificate authorized under subsection 1 of NRS 433A.160 or NRS 433A.170 or 433A.195 must not be accepted or considered if made by a psychologist, physician, physician assistant, clinical social worker or advanced practice registered nurse who is related by blood or marriage within the second degree of consanguinity or affinity to the person alleged to be a person in a mental health crisis, or who is financially interested in the facility in which the person alleged to be a person in a mental health crisis is to be detained.

2. An application or certificate of any examining person authorized under NRS 433A.170 must not be considered unless it is based on personal observation and examination of the person alleged to be a person in a mental health crisis made by such examining person not more than 72 hours prior to the making of the application or certificate. The certificate required pursuant to NRS 433A.170 must set forth in detail the facts and reasons on which the examining person based his or her opinions and conclusions.

3. A certificate authorized pursuant to NRS 433A.195 must not be considered unless it is based on personal observation and examination of the person alleged to be a person in a mental health crisis made by the examining physician, physician assistant, psychologist, clinical social worker or advanced practice registered nurse. The certificate authorized pursuant to NRS 433A.195 must describe in detail the facts and reasons on which the examining

physician, physician assistant, psychologist, clinical social worker or advanced practice registered nurse based his or her opinions and conclusions.

(Added to NRS by 1975, 1603; A 1989, 1550; 2009, 336; 2015, 2992; 2019, 355; 2021, 3085)

Involuntary Court-Ordered Admission

NRS 433A.200 Filing of petition; certificate or statement concerning alleged mental health crisis; statement of parent consenting to treatment of minor.

1. Except as otherwise provided in NRS 432B.6075, a proceeding for an involuntary court-ordered admission of any person in the State of Nevada may be commenced by the filing of a petition for the involuntary admission to a mental health facility with the clerk of the district court of the county where the person who is to be treated resides or the county where a mental health facility that is willing to admit the person is located. The petition may be filed by any physician, physician assistant, psychologist, social worker or registered nurse or by any officer authorized to make arrests in the State of Nevada. The petition must be accompanied:

(a) By a certificate of a physician, a psychologist, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 stating that he or she has examined the person alleged to be a person in a mental health crisis and has concluded that the person is a person in a mental health crisis; or

(b) By a sworn written statement by the petitioner that:

(1) The petitioner has, based upon the petitioner's personal observation of the person alleged to be a person in a mental health crisis, probable cause to believe that the person is a person in a mental health crisis and the person alleged to be a person in a mental health crisis has refused to submit to examination or treatment by a physician, psychiatrist, psychologist or advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120; or

(2) The person alleged to be a person in a mental health crisis has been placed on a mental health crisis hold pursuant to NRS 433A.160 and the physician, physician assistant or advanced practice registered nurse who examined the person alleged to be a person with a mental health crisis pursuant to NRS 433A.165 determined that the person has a medical condition, other than a psychiatric condition, which requires immediate treatment.

2. Except as otherwise provided in NRS 432B.6075, if the person to be treated is an unemancipated minor and the petitioner is a person other than a parent or guardian of the minor, a petition submitted pursuant to subsection 1 must, in addition to the certificate or statement required by that subsection, include a statement signed by a parent or guardian of the minor that the parent or guardian does not object to the filing of the petition.

(Added to NRS by 1975, 1604; A 1985, 54, 2270; 1989, 1551, 1760; 1995, 2413; 2001, 3044; 2005, 1322; 2013, 3489; 2015, 2993; 2017, 1749, 3004; 2019, 356; 2021, 3086)

NRS 433A.210 Requirements of petition that is filed after mental health crisis hold. In addition to the requirements of NRS 433A.200, a petition filed pursuant to that section with the clerk of the district court to commence proceedings for involuntary court-ordered admission of a person pursuant to NRS 433A.145 or 433A.150 must include documentation of the results of the medical examination conducted pursuant to NRS 433A.165 and a copy of:

1. The form for the placement of the person on a mental health crisis hold pursuant to NRS 433A.160; and
2. A petition executed by a psychiatrist, psychologist, physician or advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, including, without limitation, a sworn statement that:

(a) He or she has examined the person alleged to be a person in a mental health crisis;

(b) In his or her opinion, there is a reasonable degree of certainty that the person alleged to be a person in a mental health crisis suffers from a mental illness;

(c) Based on his or her personal observation of the person alleged to be a person in a mental health crisis and other facts set forth in the petition, the person presents a substantial risk of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195; and

(d) In his or her opinion, involuntary admission of the person alleged to be a person in a mental health crisis to a mental health facility or hospital is medically necessary to prevent the person from harming himself or herself or others.

(Added to NRS by 1975, 1604; A 1985, 2270; 1989, 1551, 1760; 1995, 2414; 2001, 3044; 2017, 1750; 2019, 357; 2021, 3087)

NRS 433A.215 Application for writ of habeas corpus before initial hearing. If an application for a writ of habeas corpus is made by, or on behalf of, a person in a mental health crisis or who is alleged to be a person in a

mental health crisis before the initial hearing on a petition for the involuntary court-ordered admission of the person to a mental health facility, the court must conduct a hearing on the application as soon as practicable.

(Added to NRS by 2017, 1644; A 2021, 3087)

NRS 433A.220 Hearing on petition; notice; discharge of person before hearing; notification of court of transfer of subject of petition; additional procedure where subject on conditional release.

1. Immediately after the clerk of the district court receives any petition filed pursuant to NRS 433A.200 and 433A.210, the clerk shall transmit the petition to the appropriate district judge, who shall set a time, date and place for its hearing. The date must be within 6 judicial days after the date on which the petition is received by the clerk unless otherwise stipulated by an attorney representing the person alleged to be a person in a mental health crisis and the district attorney. If the Chief Judge, if any, of the district court has assigned a district court judge or hearing master to preside over such hearings, that judge or hearing master must preside over the hearing.

2. The court shall give notice of the petition and of the time, date and place of any proceedings thereon to the subject of the petition, his or her attorney, if known, the person's legal guardian, the petitioner, the district attorney of the county in which the court has its principal office, the local office of an agency or organization that receives money from the Federal Government pursuant to 42 U.S.C. §§ 10801 et seq., to protect and advocate the rights of persons in a mental health crisis and the administrative office of any public or private mental health facility or hospital in which the subject of the petition is detained.

3. The provisions of this section do not preclude a facility or hospital from discharging a person before the time set pursuant to this section for the hearing concerning the person, if appropriate. If the person has a legal guardian, the facility or hospital shall notify the guardian prior to discharging the person from the facility or hospital. The legal guardian has discretion to determine where the person will be released, taking into consideration any discharge plan proposed by the facility or hospital assessment team. If the legal guardian does not inform the facility or hospital as to where the person will be released within 3 days after the date of notification, the facility or hospital shall discharge the person according to its proposed discharge plan. Notification of a guardian pursuant to this subsection must be provided:

(a) In person or by telephone; or

(b) If the mental health facility is not able to contact the guardian in person or by telephone, by facsimile, electronic mail or certified mail.

4. If the person who is the subject of the petition is currently admitted to a mental health facility or hospital and is transferred to another mental health facility or hospital, the petitioner must notify the court before the next scheduled hearing related to the petition and not more than 24 hours after the transfer.

5. If the person who is the subject of the petition is currently on conditional release pursuant to NRS 433A.380:

(a) The court may provide information on the conditional release to any public or private mental health facility or hospital in which the person is receiving treatment; and

(b) The court may, with the consent of the parties, set a hearing before or concurrent with the hearing scheduled pursuant to subsection 1 to determine whether conditional release remains appropriate. If the court sets a hearing to resolve the conditional release, the parties may stipulate to continue the matter of the petition for involuntary court-ordered admission pending resolution of the conditional release. If the court determines by clear and convincing evidence that conditional release is no longer appropriate, the court may order the admission of the person to a mental health facility or hospital pending the resolution of the petition for involuntary court-ordered admission.

(Added to NRS by 1975, 1604; A 1989, 1760; 1993, 2114; 1995, 2414; 1997, 3495; 2001, 3045; 2009, 1667; 2017, 3005; 2019, 357; 2021, 3087)

NRS 433A.230 Bond of petitioner. The court in its discretion may require any petitioner under NRS 433A.200, except any officer authorized to make arrests in the State of Nevada, to file an undertaking with surety to be approved by the court in the amount the court deems proper, conditioned to save harmless the person alleged to be a person in a mental health crisis by reason of costs incurred, including attorney fees, if any, and damages suffered by the person as a result of such action.

(Added to NRS by 1975, 1605; A 2019, 358)

NRS 433A.240 Examination of person alleged to be person in mental health crisis; protective custody pending hearing.

1. After the filing of a petition to commence proceedings for the involuntary court-ordered admission of a person pursuant to NRS 433A.200 and 433A.210, the court shall promptly cause two or more physicians, psychologists or advanced practice registered nurses who have the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, one of whom must always be a physician, to examine the person alleged to be a person in a mental health crisis, or request an evaluation by an evaluation team from the Division of the person alleged to be a person in a mental health crisis.

2. Subject to the provisions in subsection 1, the judge assigned to hear a proceeding brought pursuant to NRS 433A.200 to 433A.330, inclusive, shall have complete discretion in selecting the medical professionals to conduct the examination required pursuant to subsection 1.

3. To conduct the examination of a person who is not being detained at a mental health facility or hospital under a mental health crisis hold pursuant to NRS 433A.160, the court may order a peace officer to take the person into protective custody and transport the person to a mental health facility or hospital where the person may be detained until a hearing is had upon the petition or motion, as applicable.

4. If the person is not being detained under a mental health crisis hold pursuant to NRS 433A.160, the person may be allowed to remain in his or her home or other place of residence pending an ordered examination or examinations and to return to his or her home or other place of residence upon completion of the examination or examinations. The person may be accompanied by one or more of his or her relations or friends to the place of examination.

5. Each physician, psychologist and advanced practice registered nurse who examines a person pursuant to subsection 1 shall, in conducting such an examination, consider the least restrictive treatment appropriate for the person.

6. Each physician, psychologist and advanced practice registered nurse who examines a person pursuant to subsection 1 shall, not later than 24 hours before the hearing set pursuant to subsection 1 of NRS 433A.220, submit to the court in writing a summary of his or her findings and evaluation regarding the person alleged to be a person in a mental health crisis.

(Added to NRS by 1975, 1604; A 1983, 507; 1989, 1760; 1995, 2414; 2001, 3045; 2013, 3490; 2017, 1645, 1750, 3005; 2021, 3088)

NRS 433A.250 Evaluation team: Establishment; composition; fees.

1. The Administrator shall establish such evaluation teams as are necessary to aid the courts under NRS 433A.240 and 433A.310.

2. Each team must be composed of a psychiatrist and other persons professionally qualified in the field of psychiatric mental health who are representative of the Division, selected from personnel in the Division.

3. Fees for the evaluations must be established and collected as set forth in NRS 433.414 or 433B.260, as appropriate.

(Added to NRS by 1975, 1605; A 1983, 507; 1985, 424; 1993, 2722; 2013, 3491; 2021, 3089)

NRS 433A.260 Transfer of case to county where persons to conduct examination are available; expense of proceedings paid by county of residence of person to be admitted.

1. If a petition is filed pursuant to NRS 433A.200 with the clerk of the district court in a county where the examining personnel required pursuant to NRS 433A.240 are not available, the district court must transfer the case to the nearest county having such examining personnel available before any hearing on the petition and not later than 1 judicial day after the petition was filed. Not later than 6 days after a case is transferred to a district court pursuant to this subsection, that district court shall:

(a) Set a time, date and place for its hearing in accordance with NRS 433A.220; and

(b) Appoint counsel for the person, if required by NRS 433A.270.

2. The entire expense of proceedings for involuntary court-ordered admission shall be paid by the county where the person to be admitted resides.

(Added to NRS by 1975, 1605; A 2021, 3089)

NRS 433A.270 Right to counsel; compensation of counsel; recess; duties of district attorney.

1. The person alleged to be a person in a mental health crisis or any relative or friend on the person's behalf is entitled to retain counsel to represent the person in any proceeding before the district court relating to involuntary court-ordered admission, and if he or she fails or refuses to obtain counsel, the court must advise the person and the person's guardian or next of kin, if known, of such right to counsel and shall appoint counsel.

2. The court shall award any counsel appointed pursuant to subsection 1 compensation for his or her services in an amount determined by it to be fair and reasonable. The compensation must be charged against the estate of the person for whom the counsel was appointed or, if the person is indigent, against the county where the person alleged to be a person in a mental health crisis last resided.

3. The court shall, at the request of counsel representing the person alleged to be a person in a mental health crisis in proceedings before the court relating to involuntary court-ordered admission, grant a recess in the proceedings for the shortest time possible, but for not more than 5 days, to give the counsel an opportunity to prepare his or her case.

4. Each district attorney or his or her deputy shall appear and represent the State in all involuntary court-ordered admission proceedings in the district attorney's county. The district attorney is responsible for the presentation of

evidence, if any, in support of the involuntary court-ordered admission of a person to a mental health facility in proceedings held pursuant to NRS 433A.200 and 433A.210.

(Added to NRS by 1975, 1605; A 2001, 3046; 2013, 3491; 2021, 2271, 3090)

NRS 433A.280 Testimony. In proceedings for involuntary court-ordered admission, the court shall hear and consider all relevant testimony, including, but not limited to, the testimony of examining personnel who participated in the evaluation of the person alleged to be a person in a mental health crisis and the certificates of physicians, certified psychologists or advanced practice registered nurses accompanying the petition, if applicable. The court may consider testimony relating to any past actions of the person alleged to be a person in a mental health crisis if such testimony is probative of the question of whether the person is presently a person in a mental health crisis.

(Added to NRS by 1975, 1606; A 1999, 120; 2017, 1751, 3006; 2019, 358)

NRS 433A.290 Right of person alleged to be in mental health crisis to be present and testify. In proceedings for an involuntary court-ordered admission, the person with respect to whom the proceedings are held shall be present and may, at the discretion of the court, testify.

(Added to NRS by 1975, 1606)

NRS 433A.300 Fees and mileage for witnesses. Witnesses subpoenaed under the provisions of this chapter shall be paid the same fees and mileage as are paid to witnesses in the courts of the State of Nevada.

(Added to NRS by 1975, 1606)

NRS 433A.310 Findings and order; expiration and renewal of admission to facility; alternative courses of treatment; transmittal of record to Central Repository for Nevada Records of Criminal History and law enforcement agencies; prohibition on transfer of case; notification of transfer of admitted person.

1. Except as otherwise provided in NRS 432B.6076 and 432B.6077, if the district court finds, after proceedings for the involuntary court-ordered admission of a person:

(a) That there is not clear and convincing evidence that the person with respect to whom the hearing was held is a person in a mental health crisis, the court must enter its finding to that effect and the person must not be involuntarily admitted to a public or private mental health facility. If the person has been detained in a public or private mental health facility or hospital under a mental health crisis hold pursuant to NRS 433A.160, including, without limitation, where the person has been admitted under an emergency admission pursuant to NRS 433A.162, the court must issue a written order requiring the facility or hospital to release the person not later than 24 hours after the court issues the order, unless the person applies for admission as a voluntary consumer pursuant to NRS 433A.140.

(b) That there is clear and convincing evidence that the person with respect to whom the hearing was held is a person in a mental health crisis, the court may order the involuntary admission of the person to a public or private mental health facility. The order of the court must be interlocutory and must not become final if, within 30 days after the involuntary admission, the person is unconditionally released pursuant to NRS 433A.390.

2. Except as otherwise provided in NRS 432B.608, an involuntary admission pursuant to paragraph (b) of subsection 1 automatically expires at the end of 6 months if not terminated previously by the medical director of the public or private mental health facility after a determination by the physician primarily responsible for treating the patient, a psychiatrist or an advanced practice registered nurse as provided for in subsection 3 of NRS 433A.390. Except as otherwise provided in NRS 432B.608, at the end of the involuntary court-ordered admission, the Division or any mental health facility that is not operated by the Division may petition to renew the involuntary admission of the person for additional periods not to exceed 6 months each. For each renewal, the petition must include evidence which meets the same standard set forth in subsection 1 that was required for the initial period of admission of the person to a public or private mental health facility.

3. Before issuing an order for involuntary admission or a renewal thereof, the court shall explore other alternative courses of treatment within the least restrictive appropriate environment, including assisted outpatient treatment, as suggested by the evaluation team who evaluated the person, or other persons professionally qualified in the field of psychiatric mental health, which the court believes may be in the best interests of the person.

4. If the court issues an order involuntarily admitting a person to a public or private mental health facility pursuant to this section, the court must, notwithstanding the provisions of NRS 433A.715, cause, within 5 business days after the order becomes final pursuant to this section, on a form prescribed by the Department of Public Safety, a record of the order to be transmitted to:

(a) The Central Repository for Nevada Records of Criminal History, along with a statement indicating that the record is being transmitted for inclusion in each appropriate database of the National Instant Criminal Background Check System; and

(b) Each law enforcement agency of this State with which the court has entered into an agreement for such transmission, along with a statement indicating that the record is being transmitted for inclusion in each of this State's appropriate databases of information relating to crimes.

5. After issuing an order pursuant to this section, a court shall not transfer the case to another court.

6. A public or private mental health facility to which a person is involuntarily admitted pursuant to this section shall notify the court and the counsel for the person if the person is transferred to another facility.

7. As used in this section, "National Instant Criminal Background Check System" has the meaning ascribed to it in NRS 179A.062.

(Added to NRS by 1975, 1606; A 1981, 1134; 1983, 508; 1989, 1761; 1993, 2115; 2001, 3046; 2005, 1323; 2009, 2491; 2013, 3492; 2015, 1815; 2017, 1646, 3006; 2021, 3090)

NRS 433A.315 Development of written plan for course of treatment and program of community-based or outpatient services. Repealed. (See chapter 481, Statutes of Nevada 2021, at page 3116.)

NRS 433A.320 Clinical abstract to accompany order. The order for involuntary court-ordered admission of any person to a public or private mental health facility must be accompanied by a clinical abstract, including a history of illness, diagnosis, treatment and the names of relatives or correspondents.

(Added to NRS by 1975, 1607; A 2013, 3493; 2021, 3093)

NRS 433A.323 Failure to participate in program or carry out plan of treatment: Petition and order to take person into custody; evaluation. Repealed. (See chapter 481, Statutes of Nevada 2021, at page 3116.)

NRS 433A.327 Conditional release of person in program: When allowed; no liability of State; notice to court, district attorney and legal guardian; order to resume participation in program; judicial review of order to resume participation in program. Repealed. (See chapter 481, Statutes of Nevada 2021, at page 3116.)

NRS 433A.330 Transportation to facility. When an involuntary court admission to a mental health facility is ordered under the provisions of this chapter, the involuntarily admitted person, together with the court orders and certificates of the physicians, certified psychologists, advanced practice registered nurses or evaluation team and a full and complete transcript of the notes of the official reporter made at the examination of such person before the court, must be delivered to the sheriff of the county who shall:

1. Transport the person; or

2. Arrange for the person to be transported by:

(a) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority;

(b) A provider of nonemergency secure behavioral health transport services licensed under the regulations adopted pursuant to NRS 433.3317; or

(c) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS,

➥ to the appropriate public or private mental health facility.

(Added to NRS by 1975, 1607; A 2001, 1018; 2013, 3493; 2017, 1751; 2019, 361, 1925)

Assisted Outpatient Treatment

NRS 433A.335 Filing and contents of petition or motion; sworn statements or declarations concerning recommendation for and provision of assisted outpatient treatment; service of petition or motion.

1. A proceeding for an order requiring any person in the State of Nevada to receive assisted outpatient treatment may be commenced by the filing of a petition for such an order with the clerk of the district court of the county where the person who is to be treated is present. The petition may be filed by:

(a) Any person who is at least 18 years of age and resides with the person to be treated;

(b) The spouse, parent, adult sibling, adult child or legal guardian of the person to be treated;

(c) A physician, physician assistant, psychologist, social worker or registered nurse who is providing care to the person to be treated;

(d) The Administrator or his or her designee; or

(e) The medical director of a division facility in which the person is receiving treatment or the designee of the medical director of such a division facility.

2. A proceeding to require a person who is the defendant in a criminal proceeding in the district court to receive assisted outpatient treatment may be commenced by the district court, on its own motion, or by motion of the defendant or the district attorney if:

(a) The defendant has been examined in accordance with NRS 178.415;

(b) The defendant is not eligible for commitment to the custody of the Administrator pursuant to NRS 178.461; and

(c) The Division makes a clinical determination that assisted outpatient treatment is appropriate.

3. A petition filed pursuant to subsection 1 or a motion made pursuant to subsection 2 must allege the following concerning the person to be treated:

(a) The person is at least 18 years of age.

(b) The person has a mental illness.

(c) The person has a history of poor compliance with treatment for his or her mental illness that has resulted in at least one of the following circumstances:

(1) At least twice during the immediately preceding 48 months, poor compliance with mental health treatment has been a significant factor in causing the person to be hospitalized or receive services in the behavioral health unit of a detention facility or correctional facility. The 48-month period described in this subparagraph must be extended by any amount of time that the person has been hospitalized, incarcerated or detained during that period.

(2) Poor compliance with mental health treatment has been a significant factor in causing the person to commit, attempt to commit or threaten to commit serious physical harm to himself or herself or others during the immediately preceding 48 months. The 48-month period described in this subparagraph must be extended by any amount of time that the person has been hospitalized, incarcerated or detained during that period.

(3) Poor compliance with mental health treatment has resulted in the person being hospitalized, incarcerated or detained for a cumulative period of at least 6 months and the person:

(I) Is scheduled to be discharged or released from such hospitalization, incarceration or detention during the 30 days immediately following the date of the petition; or

(II) Has been discharged or released from such hospitalization, incarceration or detention during the 60 days immediately preceding the date of the petition.

(d) Because of his or her mental illness, the person is unwilling or unlikely to voluntarily participate in outpatient treatment that would enable the person to live safely in the community without the supervision of the court.

(e) Assisted outpatient treatment is the least restrictive appropriate means to prevent further disability or deterioration that would result in the person becoming a person in a mental health crisis.

4. A petition filed pursuant to subsection 1 or a motion made pursuant to subsection 2 must be accompanied by:

(a) A sworn statement or a declaration that complies with the provisions of NRS 53.045 by a physician, a psychologist, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, stating that he or she:

(1) Evaluated the person who is the subject of the petition or motion not earlier than 10 days before the filing of the petition or making of the motion;

(2) Recommends that the person be ordered to receive assisted outpatient treatment; and

(3) Is willing and able to testify at a hearing on the petition or motion; and

(b) A sworn statement or a declaration that complies with the provisions of NRS 53.045 from a person professionally qualified in the field of psychiatric mental health stating that he or she is willing to provide assisted outpatient treatment for the person in the county where the person resides.

5. A copy of the petition filed pursuant to subsection 1 or the motion made pursuant to subsection 2 must be served upon the person who is the subject of the petition or motion or his or her counsel and, if applicable, his or her legal guardian.

(Added to NRS by 2021, 3068)

NRS 433A.336 Hearing on petition or motion; notice.

1. Immediately after the clerk of the district court receives a petition filed pursuant to subsection 1 of NRS 433A.335 or NRS 433A.345, the clerk shall transmit the petition to the appropriate district judge, who shall set a time, date and place for its hearing. Immediately after a motion is made pursuant to subsection 2 of NRS 433A.335, the district judge shall set a time, date and place for its hearing. The date must be:

(a) Within 30 judicial days after the date on which the petition is received by the clerk or the motion is made, as applicable; or

(b) If the person who is the subject of the petition or motion is hospitalized at the time of the petition or motion, before that person is to be discharged and within a sufficient time to arrange for a continuous transition from inpatient treatment to assisted outpatient treatment.

2. If the Chief Judge, if any, of the district court has assigned a district court judge or hearing master to preside over hearings pursuant to this section, that judge or hearing master must preside over the hearing.

3. The court shall give notice of the petition or motion and of the time, date and place of any proceedings thereon to the person who is the subject of the petition or motion, his or her attorney, if known, the person's legal guardian, the petitioner, if applicable, the district attorney of the county in which the court has its principal office, the local office of an agency or organization that receives money from the Federal Government pursuant to 42 U.S.C. §§ 10801 et seq. to protect and advocate the rights of persons with a mental illness and the administrative office of any public or private mental health facility or hospital in which the subject of the petition or motion is detained.

(Added to NRS by 2021, 3070)

NRS 433A.337 Written treatment plan.

1. Before the date of a hearing on a petition or motion for assisted outpatient treatment, the person who made the sworn statement or declaration pursuant to paragraph (a) of subsection 4 of NRS 433A.335, the personnel of the Division who made the clinical determination concerning the appropriateness of assisted outpatient treatment pursuant to paragraph (c) of subsection 2 of NRS 433A.335 or the person or entity who submitted the petition pursuant to NRS 433A.345, as applicable, shall submit to the court a proposed written treatment plan created by a person professionally qualified in the field of psychiatric mental health who is familiar with the person who is the subject of the petition or motion, as applicable. The proposed written treatment plan must set forth:

(a) The services and treatment recommended for the person who is the subject of the petition or motion; and

(b) The person who will provide such services and treatment and his or her qualifications.

2. Services and treatment set forth in a proposed written treatment plan must include, without limitation:

(a) Case management services to coordinate the assisted outpatient treatment recommended pursuant to paragraph (b); and

(b) Assisted outpatient treatment which may include, without limitation:

(1) Medication;

(2) Periodic blood or urine testing to determine whether the person is receiving such medication;

(3) Individual or group therapy;

(4) Full-day or partial-day programming activities;

(5) Educational activities;

(6) Vocational training;

(7) Treatment and counseling for a substance use disorder;

(8) If the person has a history of substance use, periodic blood or urine testing for the presence of alcohol or other recreational drugs;

(9) Supervised living arrangements; and

(10) Any other services determined necessary to treat the mental illness of the person, assist the person in living or functioning in the community or prevent a deterioration of the mental or physical condition of the person.

3. A person professionally qualified in the field of psychiatric mental health who is creating a proposed written treatment plan pursuant to subsection 1 shall:

(a) Consider any wishes expressed by the person who is to be treated in an advance directive for psychiatric care executed pursuant to NRS 449A.600 to 449A.645, inclusive; and

(b) Consult with the person who is to be treated, any providers of health care who are currently treating the person, any supporter or legal guardian of the person, and, upon the request of the person, any other person concerned with his or her welfare, including, without limitation, a relative or friend.

4. If a proposed written treatment plan includes medication, the plan must specify the type and class of the medication and state whether the medication is to be self-administered or administered by a specific provider of health care. A proposed written treatment plan must not recommend the use of physical force or restraints to administer medication.

5. If a proposed written treatment plan includes periodic blood or urine testing for the presence of alcohol or other recreational drugs, the plan must set forth sufficient facts to support a clinical determination that the person who is to be treated has a history of substance use disorder.

6. If the person who is to be treated has executed an advance directive for psychiatric care pursuant to NRS 449A.600 to 449A.645, inclusive, a copy of the advance directive must be attached to the proposed written treatment plan.

7. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

(Added to NRS by 2021, 3071)

NRS 433A.338 Right to counsel; compensation of counsel; recess; continuation of representation by counsel during assisted outpatient treatment.

1. The person who is the subject of a petition filed or motion made pursuant to NRS 433A.335 or 433A.345 or any relative or friend on the person's behalf is entitled to retain counsel to represent the person in any proceeding before the district court relating to assisted outpatient treatment. If he or she fails or refuses to obtain counsel, the court must advise the person and his or her guardian or next of kin, if known, of such right to counsel and must appoint counsel, who may be the public defender or his or her deputy. The person must be represented by counsel at all stages of the proceedings.

2. The court shall award compensation to any counsel appointed pursuant to subsection 1 for his or her services in an amount determined by the court to be fair and reasonable. The compensation must be charged against the estate of the person for whom the counsel was appointed or, if the person is indigent, against the county where the person who is the subject of the petition or motion last resided.

3. The court shall, at the request of counsel representing the subject of the petition or motion in proceedings before the court relating to assisted outpatient treatment, grant a recess in the proceedings for the shortest time possible, but for not more than 7 days, to give the counsel an opportunity to prepare his or her case.

4. If the person who is the subject of the petition or motion is ordered to receive assisted outpatient treatment, counsel must continue to represent the person until the person is released from the program. The court shall serve notice upon such counsel of any action that is taken involving the person while the person is required by the order to receive assisted outpatient treatment.

(Added to NRS by 2021, 3072)

NRS 433A.339 Duty of district attorney to appear in proceedings; presentation of case when district attorney does not appear.

1. The district attorney of a county in which a petition is filed or motion is made pursuant to NRS 433A.335 or 433A.345 or his or her deputy:

(a) Must appear and represent the State in the proceedings for assisted outpatient treatment if:

(1) The proceedings were initiated by:

(I) A petition filed pursuant to subsection 1 of NRS 433A.335 or NRS 433A.345 by the Administrator or his or her designee or the medical director of a division facility or his or her designee; or

(II) A motion made pursuant to subsection 2 of NRS 433A.335; and

(2) The district attorney determines that there is clear and convincing evidence that the criteria prescribed in subsection 3 of NRS 433A.335 or subsection 1 of NRS 433A.345, as applicable, are met.

(b) May appear and represent the State in the proceedings for assisted outpatient treatment in any other case where the district attorney determines that there is clear and convincing evidence that the criteria prescribed in subsection 3 of NRS 433A.335 or subsection 1 of NRS 433A.345, as applicable, are met.

2. If the district attorney does not appear and represent the State in a proceeding for assisted outpatient treatment, the petitioner is responsible for presenting the case in support of the petition.

(Added to NRS by 2021, 3072)

NRS 433A.341 Testimony.

1. In proceedings for assisted outpatient treatment, the court shall hear and consider all relevant testimony, including, without limitation:

(a) The testimony of the person who made a sworn statement or declaration pursuant to paragraph (a) of subsection 4 of NRS 433A.335, any personnel of the Division responsible for a clinical determination made pursuant to paragraph (c) of subsection 2 of NRS 433A.335 or the person or entity responsible for the decision to submit a petition pursuant to NRS 433A.345, as applicable;

(b) The testimony of any supporter or legal guardian of the person who is the subject of the proceedings, if that person wishes to testify; and

(c) If the proposed written treatment plan submitted pursuant to NRS 433A.337 recommends medication and the person who is the subject of the petition or motion objects to the recommendation, the testimony of the person professionally qualified in the field of psychiatric mental health who prescribed the recommendation.

2. The court may consider testimony relating to any past actions of the person who is the subject of the petition or motion if such testimony is probative of the question of whether the person currently meets the criteria prescribed by subsection 3 of NRS 433A.335 or subsection 1 of NRS 433A.345, as applicable.

(Added to NRS by 2021, 3073)

NRS 433A.342 Presence and testimony of subject of petition.

1. Except as otherwise provided in subsection 2, the person who is the subject of a petition or motion for assisted outpatient treatment must be present at the proceedings on the petition or motion, as applicable, and may, at the discretion of the court, testify.

2. The court may conduct the hearing on a petition or motion for assisted outpatient treatment in the absence of the person who is the subject of the petition or motion if:

(a) The person has waived his or her right to attend the hearing after receiving notice pursuant to NRS 433A.336 and being advised of his or her right to be present and the potential consequences of failing to attend; and

(b) The counsel for the person is present.

(Added to NRS by 2021, 3073)

NRS 433A.343 Findings and order; conditions for order to receive assisted outpatient treatment; alternative courses of treatment; transmittal of record to Central Repository for Nevada Records of Criminal History and law enforcement agencies.

1. If the district court finds, after proceedings for the assisted outpatient treatment of a person:

(a) That the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of NRS 433A.335 or submitted the petition pursuant to NRS 433A.345, as applicable, is not able to provide treatment to the person who is the subject of the proceedings in the county where he or she resides or that there is not clear and convincing evidence that the person who is the subject of the proceedings meets the criteria prescribed in subsection 3 of NRS 433A.335 or subsection 1 of NRS 433A.345, as applicable, the court must enter its finding to that effect and the person must not be ordered to receive assisted outpatient treatment.

(b) That the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of NRS 433A.335 or submitted the petition pursuant to NRS 433A.345, as applicable, is able to provide treatment to the person who is the subject of the proceedings in the county where he or she resides and that there is clear and convincing evidence that the person who is the subject of the proceedings meets the criteria prescribed in subsection 3 of NRS 433A.335 or subsection 1 of NRS 433A.345, as applicable, the court may order the person to receive assisted outpatient treatment. The order of the court must be interlocutory and must not become final if, within 30 days after the issuance of the order, the person is unconditionally released pursuant to NRS 433A.390.

2. If the district court finds, after proceedings for the assisted outpatient treatment of a defendant in a criminal proceeding pursuant to subsection 2 of NRS 433A.335:

(a) That the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of NRS 433A.335 or submitted the petition pursuant to NRS 433A.345, as applicable, is not able to provide treatment to the defendant in the county where he or she resides or that there is not clear and convincing evidence that the defendant meets the criteria prescribed in subsection 3 of NRS 433A.335 or subsection 1 of NRS 433A.345, as applicable, the court must enter its finding to that effect and the defendant must not be ordered to receive assisted outpatient treatment.

(b) That the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of NRS 433A.335 or submitted the petition pursuant to NRS 433A.345, as applicable, is able to provide treatment to the defendant in the county where he or she resides and that there is clear and convincing evidence that the defendant meets the criteria prescribed in subsection 3 of NRS 433A.335 or subsection 1 of NRS 433A.345, as applicable, except as otherwise provided in this paragraph, the court must order the defendant to receive assisted outpatient treatment and suspend further proceedings in the criminal proceeding against the defendant until the defendant completes the treatment or the treatment is terminated. If the offense allegedly committed by the defendant is a category A or B felony or involved the use or threatened use of force or violence, the court must not order the defendant to receive assisted outpatient treatment pursuant to this paragraph unless the prosecuting attorney stipulates to the assignment. The order of the court must be interlocutory and must not become final if, within 30 days after the issuance of the order, the person is unconditionally released pursuant to NRS 433A.390. If the defendant successfully completes the assisted outpatient treatment to the satisfaction of the court, the court must dismiss the criminal charges against the defendant with prejudice.

3. An order for a person to receive assisted outpatient treatment must:

(a) Provide for a period of assisted outpatient treatment that does not exceed 6 months unless the order is renewed or extended pursuant to NRS 433A.345;

(b) Specify the services that the person who is to be treated must receive; and

(c) Direct the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of NRS 433A.335 or submitted the petition pursuant to NRS 433A.345, as applicable, to provide the services pursuant to paragraph (b) for the duration of the order.

4. If an order for a person to receive assisted outpatient treatment requires the administration of medication, the order must state the classes of medication and the reasons for ordering the medication, which must be based on the proposed written treatment plan submitted pursuant to NRS 433A.337. The order may require the person who is to be treated to self-administer the medication or accept the administration of the medication by a specified person. The court shall not order the use of physical force or restraints to administer medication.

5. An order for a person to receive assisted outpatient treatment must not prescribe treatment that is not recommended by the person professionally qualified in the field of psychiatric mental health who made the sworn statement or declaration pursuant to paragraph (b) of subsection 4 of NRS 433A.335 or submitted the petition pursuant to NRS 433A.345, as applicable.

6. If the court issues an order requiring a person to receive assisted outpatient treatment, the court must, notwithstanding the provisions of NRS 433A.715, cause, within 5 business days after the order becomes final pursuant to this section, on a form prescribed by the Department of Public Safety, a record of the order to be transmitted to:

(a) The Central Repository for Nevada Records of Criminal History, along with a statement indicating that the record is being transmitted for inclusion in each appropriate database of the National Instant Criminal Background Check System; and

(b) Each law enforcement agency of this State with which the court has entered into an agreement for such transmission, along with a statement indicating that the record is being transmitted for inclusion in each of this State's appropriate databases of information relating to crimes.

7. A court may periodically review an order for a person to receive assisted outpatient treatment to determine whether there is an available alternative treatment that is the least restrictive treatment that is appropriate for the person, is in the best interest of the person and will not be detrimental to the public welfare. If the court determines that such a treatment is available, the court must amend the order to require such treatment.

8. As used in this section, "National Instant Criminal Background Check System" has the meaning ascribed to it in NRS 179A.062.

(Added to NRS by 2021, 3074)

NRS 433A.344 Petition for evaluation of recipient of assisted outpatient treatment; conditions for granting of petition.

1. A person professionally qualified in the field of psychiatric mental health who is responsible for providing assisted outpatient treatment to a person ordered by a court to receive assisted outpatient treatment pursuant to NRS 433A.343 may petition the court to issue an order requiring a peace officer to take into custody and deliver the person to an appropriate location for a prompt evaluation by the professional to determine whether the person is a person in a mental health crisis if:

(a) The person who is the subject of the petition has failed to comply with the plan of assisted outpatient treatment ordered pursuant to NRS 433A.343;

(b) The petitioner has made reasonable efforts to solicit such compliance; and

(c) The failure to comply with the plan of assisted outpatient treatment may cause the person who is the subject of the petition to harm himself or herself or others.

2. A petition pursuant to subsection 1 must set forth:

(a) The specific provisions of the plan of assisted outpatient treatment which the subject of the petition has failed to carry out;

(b) The efforts made by the petitioner to solicit compliance; and

(c) The basis for the petitioner's belief that the failure to comply with the plan of assisted outpatient treatment may cause the subject of the petition to harm himself or herself or others.

3. If the court determines that there is probable cause to believe that the conditions described in paragraphs (a), (b) and (c) of subsection 1 have been satisfied, the court may issue an order requiring a peace officer to take into custody and deliver the person who is the subject of the petition to an appropriate location for a prompt evaluation by the petitioner to determine whether the person is a person in a mental health crisis.

4. As used in this section, "appropriate location" means any location identified by a petitioner but does not include a jail or prison.

(Added to NRS by 2021, 3076)

NRS 433A.345 Petition to renew order for assisted outpatient treatment; service; hearing.

1. Not later than 7 judicial days before the end of a period of assisted outpatient treatment ordered by a court pursuant to NRS 433A.343, the Administrator or his or her designee, the medical director of a division facility through which the person who is the subject of the order is receiving assisted outpatient treatment or his or her designee or another person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment may petition to renew the order for assisted outpatient treatment for an additional period that does not exceed 6 months. The petition for renewal must allege that:

(a) Because of his or her mental illness, the person to be treated is unwilling or unlikely to voluntarily participate in outpatient treatment that would enable the person to live safely in the community without the supervision of the court; and

(b) Assisted outpatient treatment is the least restrictive appropriate means to prevent further disability or deterioration that would result in the person to be treated becoming a person in a mental health crisis.

2. A copy of a petition filed pursuant to subsection 1 must be served upon the person who is the subject of the petition or his or her counsel and, if applicable, his or her legal guardian.

3. Upon receiving a petition filed pursuant to subsection 1, the court shall schedule a hearing on the petition pursuant to NRS 433A.336. If the order for assisted outpatient treatment that is effective at the time of the petition is scheduled to expire before the hearing, the order is extended and remains in effect until the date of the hearing.

(Added to NRS by 2021, 3076)

HOSPITALIZATION

NRS 433A.350 Information to be furnished to consumer upon admission to facility or assisted outpatient treatment.

1. Upon admission to any public or private mental health facility or to assisted outpatient treatment, each consumer and the consumer's spouse and legal guardian, if any, must receive a written statement outlining in simple, nontechnical language all procedures for release provided by this chapter, setting out all rights accorded to such a consumer by this chapter and chapters 433 and 433B of NRS and, if the consumer has no legal guardian, describing procedures provided by law for adjudication of incapacity and appointment of a guardian for the consumer.

2. Written information regarding the services provided by and means of contacting the local office of an agency or organization that receives money from the Federal Government pursuant to 42 U.S.C. §§ 10801 et seq., to protect and advocate the rights of persons in a mental health crisis must be posted in each public and private mental health facility and in each location in which assisted outpatient treatment is provided and must be provided to each consumer upon admission.

(Added to NRS by 1975, 1610; A 1993, 2115, 2722; 1995, 676; 2011, 427; 2013, 3494; 2021, 3093)

NRS 433A.360 Clinical records: Contents; confidentiality.

1. A clinical record for each consumer must be diligently maintained by any division facility, private institution, facility offering mental health services or person professionally qualified in the field of psychiatric mental health responsible for providing assisted outpatient treatment. The record must include information pertaining to the consumer's admission, legal status, treatment and individualized plan for habilitation. The clinical record is not a public record and no part of it may be released, except as otherwise provided in subsection 2 or except:

(a) If the release is authorized or required pursuant to NRS 439.538.

(b) The record must be released to physicians, advanced practice registered nurses, attorneys and social agencies as specifically authorized in writing by the consumer, the consumer's parent, guardian or attorney.

(c) The record must be released to persons authorized by the order of a court of competent jurisdiction.

(d) The record or any part thereof may be disclosed to a qualified member of the staff of a division facility, an employee of the Division or a member of the staff of an agency in Nevada which has been established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq., or the Protection and Advocacy for Mentally Ill Individuals Act of 1986, 42 U.S.C. §§ 10801 et seq., when the Administrator deems it necessary for the proper care of the consumer.

(e) Information from the clinical records may be used for statistical and evaluative purposes if the information is abstracted in such a way as to protect the identity of individual consumers.

(f) To the extent necessary for a consumer to make a claim, or for a claim to be made on behalf of a consumer for aid, insurance or medical assistance to which the consumer may be entitled, information from the records may be released with the written authorization of the consumer or the consumer's guardian.

(g) The record must be released without charge to any member of the staff of an agency in Nevada which has been established pursuant to 42 U.S.C. §§ 15001 et seq. or 42 U.S.C. §§ 10801 et seq. if:

(1) The consumer is a consumer of that office and the consumer or the consumer's legal representative or guardian authorizes the release of the record; or

(2) A complaint regarding a consumer was received by the office or there is probable cause to believe that the consumer has been abused or neglected and the consumer:

(I) Is unable to authorize the release of the record because of the consumer's mental or physical condition; and

(II) Does not have a guardian or other legal representative or is a ward of the State.

(h) The record must be released as provided in NRS 433.332 or 433B.200 and in chapter 629 of NRS.

2. A division facility, private institution, facility offering mental health services or person professionally qualified in the field of psychiatric mental health responsible for providing assisted outpatient treatment and any other person or entity having information concerning a consumer, including, without limitation, a clinical record, any part thereof or any information contained therein, may disclose such information to a provider of health care to assist with treatment provided to the consumer.

3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

(Added to NRS by 1975, 1611; A 1987, 746, 1197; 1989, 2056; 1991, 2351; 1993, 2722; 2003, 1945; 2007, 1981; 2011, 428; 2013, 3494; 2017, 1752; 2019, 362; 2021, 3093)

NRS 433A.370 Escape or absence without leave.

1. When a consumer committed by a court to a division facility on or before June 30, 1975, or a consumer who is judicially admitted on or after July 1, 1975, or a person who is involuntarily detained pursuant to NRS 433A.145 to 433A.300, inclusive, escapes from any division facility, or when a judicially admitted consumer has not returned to a division facility from conditional release after the administrative officer of the facility has ordered the consumer to do so, any peace officer shall, upon written request of the administrative officer or the administrative officer's designee and without the necessity of a warrant or court order, apprehend, take into custody and deliver the person to such division facility or another state facility.

2. Any person appointed or designated by the Director of the Department to take into custody and transport to a division facility persons who have escaped or failed to return as described in subsection 1 may participate in the apprehension and delivery of any such person, but may not take the person into custody without a warrant.

(Added to NRS by 1975, 1609; A 1999, 867; 2001, 3047; 2011, 429)

NRS 433A.380 Conditional release: No liability of State; restoration of rights; notice to court, district attorney and legal guardian.

1. Any person involuntarily admitted by a court may be conditionally released from a public or private mental health facility when, in the judgment of the medical director of the facility:

(a) The conditional release is in the best interest of the person, will provide the least restrictive treatment that is appropriate for the person and will not be detrimental to the public welfare;

(b) A community treatment program, social services agency, mobile crisis team or multi-disciplinary team has agreed to provide case management, support and supervision to the person to ensure his or her compliance with the conditions of the release; and

(c) The person qualifies to receive case management, support and supervision from the community treatment program, social services agency, mobile crisis team or multi-disciplinary team.

2. The medical director of the facility or the medical director's designee shall prescribe the period for which the conditional release is effective. The period must not extend beyond the last day of the court-ordered period of admission pursuant to NRS 433A.310. If the person has a legal guardian, the facility must notify the guardian at least 3 days before discharging the person from the facility or, if the person will be released in less than 3 days, as soon as practicable. Notification of the legal guardian must be provided:

(a) In person or by telephone; or

(b) If the facility is not able to contact the guardian in person or by telephone, by facsimile, electronic mail or certified mail.

3. The legal guardian has discretion to determine where the person will be released, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the person will be released within 3 days after the date of notification, the facility must discharge the person according to its proposed discharge plan.

4. Before conditionally releasing a person from a public or private mental health facility pursuant to this section, the medical director of the facility must notify the court that ordered the involuntary admission. The court may periodically review the appropriateness of the conditional release and the terms thereof, but the court may not terminate the conditional release except through proceedings for involuntary admission pursuant to NRS 433A.200 to 433A.330, inclusive.

5. When a person is conditionally released pursuant to this section, the State or any of its agents or employees are not liable for any debts or contractual obligations, medical or otherwise, incurred or damages caused by the actions of the person.

6. When a person who has been adjudicated by a court to be incapacitated is conditionally released from a mental health facility, the administrative officer of the mental health facility shall petition the court for restoration of full civil and legal rights as deemed necessary to facilitate the incapacitated person's rehabilitation. If the person has a legal guardian, the petition must be filed with the court having jurisdiction over the guardianship.

(Added to NRS by 1975, 1608; A 1981, 1661; 1999, 867; 2009, 1667; 2019, 363; 2021, 3095)

NRS 433A.390 Release without further order of court at end of period specified; unconditional early release; notice to court and legal guardian.

1. When a consumer, involuntarily admitted to a mental health facility or required to receive assisted outpatient treatment by court order, is released at the end of the period specified pursuant to NRS 433A.310 or 433A.343, as applicable, written notice must be given to the court that issued the order not later than 3 judicial days after the release of the consumer. The consumer may be released without requiring further orders of the court. If the consumer has a legal guardian, the facility or the person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment shall notify the guardian in the manner prescribed by subsection 6 at least 3 days before discharging the consumer from the facility or treatment or, if the consumer will be released in less than 3 days, as soon as practicable.

2. The legal guardian of a consumer involuntarily admitted to a mental health facility, if applicable, has discretion to determine where the consumer will be released pursuant to subsection 1, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the consumer will be released within 3 days after the date of notification, the facility must discharge the consumer according to its proposed discharge plan.

3. A consumer who is involuntarily admitted to a mental health facility may be unconditionally released before the period specified in NRS 433A.310 when the physician primarily responsible for treating the patient, a psychiatrist or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board

of Nursing pursuant to NRS 632.120 determines that the consumer is no longer a person in a mental health crisis. If the consumer has a legal guardian, the facility shall notify the guardian in the manner prescribed by subsection 6 at least 3 days before discharging the consumer from the facility or, if the consumer will be released in less than 3 days, as soon as practicable. The legal guardian, if applicable, has discretion to determine where the consumer will be released, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the consumer will be released within 3 days after the date of notification, the facility shall discharge the consumer according to its proposed discharge plan.

4. A consumer who is required to receive assisted outpatient treatment may be unconditionally released before the period specified in NRS 433A.343 when the person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment for the consumer determines that:

(a) The consumer no longer requires assisted outpatient treatment to prevent further disability or deterioration that would result in the person becoming a person in a mental health crisis;

(b) The consumer is willing and likely to voluntarily participate in outpatient treatment that enables the person to live safely in the community without the supervision of the court; or

(c) After the order for assisted outpatient treatment has been effective for at least 30 days, the assisted outpatient treatment is not meeting the needs of the consumer.

5. If a consumer who will be released from assisted outpatient treatment pursuant to subsection 4 has a legal guardian, the person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment to the consumer shall notify the guardian in the manner prescribed by subsection 6 at least 3 days before discharging the consumer from the treatment or, if the consumer will be released in less than 3 days, as soon as practicable.

6. Notification of a guardian pursuant to subsection 1, 3 or 5 must be provided:

(a) In person or by telephone; or

(b) If the mental health facility or the person professionally qualified in the field of psychiatric mental health, as applicable, is not able to contact the guardian in person or by telephone, by facsimile, electronic mail or certified mail.

7. A mental health facility or a person professionally qualified in the field of psychiatric mental health responsible for providing treatment to a consumer shall provide written notice to the court that issued the order not later than 3 judicial days after unconditionally releasing a consumer pursuant to subsection 3 or 4.

(Added to NRS by 1975, 1607; A 1983, 508; 1989, 1762; 1997, 3496; 1999, 868; 2009, 1668; 2011, 429; 2013, 3495; 2019, 364; 2021, 3096)

NRS 433A.400 Return of indigent to county of last residence or county where involuntarily admitted; delivery of indigent person to another state pursuant to Interstate Compact on Mental Health; notice.

1. An indigent resident of this state discharged as having been determined to no longer be a person in a mental health crisis, but having a residual medical or surgical disability which prevents him or her from obtaining or holding remunerative employment, must be returned to the county of his or her last residence, except as otherwise provided pursuant to subsections 2 and 3. A nonresident indigent with such disabilities must be returned to the county from which he or she was involuntarily court-admitted, except as otherwise provided in subsections 2 and 3. The administrative officer of the mental health facility shall first give notice in writing, not less than 10 days before discharge, to the board of county commissioners of the county to which the person will be returned and to the person's legal guardian.

2. Delivery of the indigent person must be made to an individual or agency authorized to provide further care. If the person has a legal guardian, the facility shall notify the guardian before discharging the person from the facility. The legal guardian has discretion to determine where the person will be released, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the person will be released within 3 days after the date of notification, the facility shall discharge the person according to its proposed discharge plan. Notification of a guardian pursuant to this subsection must be provided:

(a) In person or by telephone; or

(b) If the mental health facility is not able to contact the guardian in person or by telephone, by facsimile, electronic mail or certified mail.

3. An indigent person may be delivered to a state that is a party to the Interstate Compact on Mental Health ratified and enacted in NRS 433.4543 regardless of residency in the manner provided in the Compact.

4. This section does not authorize the release of any person held upon an order of a court or judge having criminal jurisdiction arising out of a criminal offense.

(Added to NRS by 1975, 1607; A 2009, 1669; 2015, 1036; 2021, 3098)

NRS 433A.420 Transfer to hospital of Department of Veterans Affairs or other facility; duties of medical director and Commission upon objection of consumer. The medical director of a division facility may order the transfer to a hospital of the Department of Veterans Affairs or other facility of the United States Government any admitted consumer eligible for treatment therein. If the consumer in any manner objects to the transfer, the medical

director of the facility shall enter the objection and a written justification of the transfer in the consumer's record and forward a notice of the objection to the Administrator, and the Commission shall review the transfer pursuant to subsections 2 and 3 of NRS 433.534.

(Added to NRS by 1975, 1611; A 1981, 894; 1985, 2271; 1995, 1092; 2011, 430)

NRS 433A.430 Transfer to facility in other state: Examination; contract; objection to transfer; fee for examination.

1. Whenever the Administrator determines that division facilities within the State are inadequate for the care of any person in a mental health crisis, the Administrator may designate two physicians, licensed under the provisions of chapter 630 or 633 of NRS and familiar with the field of psychiatry, or advanced practice registered nurses who have the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, to examine that person. If the two physicians or advanced practice registered nurses concur with the opinion of the Administrator, the Administrator may:

(a) Transfer the person to a state that is a party to the Interstate Compact on Mental Health ratified and enacted in NRS 433.4543 in the manner provided in the Compact; or

(b) Contract with appropriate corresponding authorities in any other state of the United States that is not a party to the Compact and has adequate facilities for such purposes for the reception, detention, care or treatment of that person, but if the person in any manner objects to the transfer, the procedures in subsection 3 of NRS 433.484 and subsections 2 and 3 of NRS 433.534 must be followed. The two physicians or advanced practice registered nurses so designated are entitled to a reasonable fee for their services which must be paid by the county of the person's last known residence.

2. Money to carry out the provisions of this section must be provided by direct legislative appropriation.

(Added to NRS by 1975, 1609; A 1981, 895, 1527; 1999, 1826; 2003, 1177; 2015, 1036; 2017, 1753)

NRS 433A.440 Transfer of nonresident to state of residence.

1. If any person involuntarily court-admitted to any division facility pursuant to NRS 433A.310 is found by the court not to be a resident of this State and to be a resident of another state, the person may be transferred to the state of his or her residence pursuant to NRS 433.444, and, if applicable, the Interstate Compact on Mental Health ratified and enacted in NRS 433.4543, if an appropriate institution of that state is willing to accept the person.

2. The approval of the Administrator of the Division of Public and Behavioral Health of the Department must be obtained before any transfer is made pursuant to subsection 1.

(Added to NRS by 1975, 1607; A 1993, 2723; 1999, 102; 2015, 1037)

NRS 433A.450 Detention and treatment of offender in mental health crisis. When a psychiatrist and one other person professionally qualified in the field of psychiatric mental health determines that an offender confined in an institution of the Department of Corrections is a person in a mental health crisis, the Director of the Department of Corrections shall apply to the Administrator for the offender's detention and treatment at a division facility selected by the Administrator. If the Administrator determines that adequate security or treatment is not available in a division facility, the Administrator shall provide, within the resources available to the Division and as the Administrator deems necessary, consultation and other appropriate services for the offender at the place where the offender is confined. It is the Director's decision whether to accept such services.

(Added to NRS by 1975, 1609; A 1977, 871; 1983, 509; 2001, 240)

NRS 433A.460 Legal capacity of person admitted to facility or assisted outpatient treatment unimpaired unless adjudicated incapacitated. No person admitted to a public or private mental health facility or who receives assisted outpatient treatment pursuant to this chapter shall, by reason of such admission or treatment, be denied the right to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote and hold a driver's license, unless such person has been specifically adjudicated incapacitated by a court of competent jurisdiction and has not been restored to legal capacity.

(Added to NRS by 1975, 1610; A 2013, 3496; 2021, 3099)

NRS 433A.470 Guardian may be appointed for person adjudicated incapacitated. A person adjudicated by a court to be incapacitated who is admitted to a public or private mental health facility may have a guardian appointed either by the admitting court or by the district court of the county wherein the mental health facility is located, on the application of any interested person or, in the case of an indigent, on the application of the district attorney of the county wherein the mental health facility is located. The provisions of chapter 159 of NRS shall govern the appointment and administration of guardianships created pursuant to this chapter.

(Added to NRS by 1975, 1610)

NRS 433A.480 Evaluation of person adjudicated incapacitated; initiation of action for restoration to legal capacity.

1. The medical director of a division mental health facility shall have all persons adjudicated incapacitated of that facility automatically evaluated no less than once every 6 months to determine whether or not there is sufficient cause to believe that the consumer remains unable to exercise rights to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote or hold a driver's license.

2. If the medical director has sufficient reason to believe that the consumer remains unable to exercise these rights, such information shall be documented in the consumer's treatment record.

3. If there is no such reason to believe the consumer is unable to exercise these rights, the medical director shall immediately initiate proper action to cause to have the consumer restored to legal capacity.

(Added to NRS by 1975, 1610; A 2011, 430)

NRS 433A.490 Restoration of legal capacity of person previously adjudicated incapacitated. Any person in the State of Nevada who, by reason of a judicial decree ordering the person's hospitalization entered prior to July 1, 1975, is considered to be incapacitated and is denied the right to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote or hold a driver's license solely by reason of such decree shall, upon the expiration of the 6-month period immediately following such date, be deemed to have been restored to legal capacity unless, within such 6-month period, affirmative action is commenced to have the person adjudicated incapacitated by a court of competent jurisdiction.

(Added to NRS by 1975, 1610)

PAYMENT OF COSTS OF HOSPITALIZATION AND TREATMENT

NRS 433A.580 Arrangements for payment of costs required. No person may be admitted or transferred to a private hospital or a division mental health facility, ordered to receive assisted outpatient treatment or transferred to a different person professionally qualified in the field of psychiatric mental health to provide assisted outpatient treatment pursuant to the provisions of this chapter unless mutually agreeable financial arrangements relating to the costs of treatment are made between the private hospital, division facility or person professionally qualified in the field of psychiatric mental health responsible for providing assisted outpatient treatment and the consumer or person requesting his or her admission.

(Added to NRS by 1975, 1614; A 2011, 430; 2013, 3496; 2021, 3099)

NRS 433A.590 Schedule of fees.

1. Fees for the cost of treatment and services rendered through any division facility must be established pursuant to the fee schedule established under NRS 433.404 or 433B.250, as appropriate.

2. The maximum fee established by the schedule must approximate the actual cost per consumer for the class of consumer care provided.

3. The fee schedule must allow for a consumer to pay a portion of the actual cost if it is determined that the consumer and his or her responsible relatives pursuant to NRS 433A.610 are unable to pay the full amount. That determination must be made pursuant to NRS 433A.640 and 433A.650.

4. Any reduction pursuant to subsection 3 of the amount owed must not be calculated until all of the benefits available to the consumer from third-party sources, other than Medicaid, have been applied to pay the actual cost for the care provided.

(Added to NRS by 1975, 1614; A 1993, 1239, 2723; 2011, 430)

NRS 433A.600 Charges to nonindigent persons admitted to facility or assisted outpatient treatment and responsible relative; recovery by civil action; disposition of receipts.

1. A person who is admitted to a division facility or who receives assisted outpatient treatment operated by the Division and not determined to be indigent and every responsible relative pursuant to NRS 433A.610 of the person shall be charged for the cost of treatment and is liable for that cost. If after demand is made for payment the person or his or her responsible relative fails to pay that cost, the administrative officer or person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment, as applicable, may recover the amount due by civil action.

2. All sums received pursuant to subsection 1 must be deposited in the State Treasury and may be expended by the Division for the support of that facility or of assisted outpatient treatment in accordance with the allotment, transfer, work program and budget provisions of NRS 353.150 to 353.245, inclusive.

(Added to NRS by 1975, 1615; A 1985, 2272; 1993, 1240; 2013, 3496; 2021, 3099)

NRS 433A.610 Liability of certain relatives and estate of person admitted to facility for payment of costs; recovery by legal action.

1. When a person is admitted to a division facility or hospital under one of the various forms of admission prescribed by law, the parent or legal guardian of a person in a mental health crisis who is a minor or the spouse of a person in a mental health crisis, if of sufficient ability, and the estate of the person in a mental health crisis, if the estate is sufficient for the purpose, shall pay the cost of the maintenance for the person in a mental health crisis, including treatment and surgical operations, in any hospital in which the person is hospitalized under the provisions of this chapter:

(a) To the administrative officer if the person is admitted to a division facility; or

(b) In all other cases, to the hospital rendering the service.

2. If a person or an estate liable for the care, maintenance and support of a committed person neglects or refuses to pay the administrative officer or the hospital rendering the service, the State is entitled to recover, by appropriate legal action, all money owed to a division facility or which the State has paid to a hospital for the care of a committed person, plus interest at the rate established pursuant to NRS 99.040.

(Added to NRS by 1975, 1614; A 1987, 1446; 1993, 1240; 2017, 790)

NRS 433A.620 Limitation on payment from estate of person admitted to facility. Payment for the care, support, maintenance and other expenses of a person admitted to a division mental health facility shall not be exacted from such person's estate if there is a likelihood of such person's recovery or release from such facility and payment will reduce the person's estate to such an extent that he or she is likely to become a burden on the community in the event of his or her discharge from such facility.

(Added to NRS by 1975, 1615)

NRS 433A.630 Special agreement for support of consumer adjudicated incapacitated; advance payments.

1. The administrative officers of the respective division facilities may enter into special agreements secured by properly executed bonds with the relatives, guardians or friends of consumers who are adjudicated incapacitated for subsistence, care or other expenses of such consumers. Each agreement and bond must be to the State of Nevada and any action to enforce the agreement or bond may be brought by the administrative officer.

2. Financially responsible relatives pursuant to NRS 433A.610 and the guardian of the estate of a consumer may, from time to time, pay money to the division facility for the future personal needs of the consumer who is incapacitated and for the consumer's burial expenses. Money paid pursuant to this subsection must be credited to the consumer in the consumers' personal deposit fund established pursuant to NRS 433.539.

(Added to NRS by 1975, 1615; A 1993, 1240; 2011, 430)

NRS 433A.640 Parties responsible for payment of charges after court-ordered admission; investigation of ability to pay.

1. Once a court has ordered the admission of a person to a division facility, the administrative officer must make an investigation, pursuant to the provisions of this chapter, to determine whether the person or his or her responsible relatives pursuant to NRS 433A.610 are capable of paying for all or a portion of the costs that will be incurred during the period of admission.

2. If a person is admitted to a division facility or required to receive assisted outpatient treatment pursuant to a court order, that person and his or her responsible relatives are responsible for the payment of the actual cost of the treatment and services rendered during his or her admission to the division facility or while he or she is receiving assisted outpatient treatment unless the investigation reveals that the person and his or her responsible relatives are not capable of paying the full amount of the costs.

3. Once a court has ordered a person to receive assisted outpatient treatment operated by the Division, the person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment must make an investigation, pursuant to the provisions of this chapter, to determine whether the person receiving the treatment or his or her responsible relatives pursuant to NRS 433A.610 are capable of paying for all or a portion of the costs that will be incurred during the period of treatment.

(Added to NRS by 1975, 1614; A 1993, 1241; 2013, 3497; 2021, 3099)

NRS 433A.650 Benefits available from third party. Determination of ability to pay pursuant to NRS 433A.640 must include investigation of whether the consumer has benefits due and owing to the consumer for the cost of his or her treatment from third-party sources, such as Medicare, Medicaid, social security, medical insurance benefits, retirement programs, annuity plans, government benefits or any other financially responsible third parties. The administrative officer of a division mental health facility or person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment may accept payment for the cost of a consumer's treatment from the consumer's insurance company, Medicare or Medicaid and other similar third parties.

(Added to NRS by 1975, 1614; A 2011, 431; 2013, 3497; 2021, 3100)

NRS 433A.660 Collection of fees by legal action and other methods.

1. If the consumer, his or her responsible relative pursuant to NRS 433A.610, guardian or the estate neglects or refuses to pay the cost of treatment to the division facility or to the person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment operated by the Division rendering service pursuant to the fee schedule established under NRS 433.404 or 433B.250, as appropriate, the State is entitled to recover by appropriate legal action all sums due, plus interest.

2. Before initiating such legal action, the division facility or person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment, as applicable, shall demonstrate efforts at collection, which may include contractual arrangements for collection through a private collection agency.

(Added to NRS by 1975, 1615; A 1993, 1241, 2723; 2011, 431; 2013, 3497; 2021, 3100)

NRS 433A.680 Payment of costs of medical services rendered by person not on staff of facility of Division. The expense of diagnostic, medical and surgical services furnished to a consumer admitted to a division facility by a person not on the staff of the facility, whether rendered while the consumer is in a hospital, an outpatient of a hospital or treated outside any hospital, must be paid by the consumer, the guardian or relatives responsible pursuant to NRS 433A.610 for the consumer's care. In the case of an indigent consumer or a consumer whose estate is inadequate to pay the expenses, the expenses must be charged to the county from which the admission to the division facility was made, if the consumer had, before admission, been a resident of that county. The expense of such diagnostic, medical and surgical services must not in any case be a charge against or paid by the State of Nevada, except when in the opinion of the administrative officer of the division mental health facility to which the consumer is admitted payment should be made for nonresident indigent consumers and money is authorized pursuant to NRS 433.374 or 433B.230 and the money is authorized in approved budgets.

(Added to NRS by 1975, 1617; A 1993, 1241, 1972, 2724; 1995, 664; 2011, 431; 2019, 2646)

NRS 433A.690 Claim against estate of deceased consumer. Claims by a division mental health facility against the estates of deceased consumers may be presented to the executor or Administrator in the manner required by law, and shall be paid as preferred claims equal to claims for expenses of last illness. When a deceased person has been maintained at a division mental health facility at a rate less than the maximum usually charged, or the facility has incurred other expenses for the benefit of the person for which full payment has not been made, the estate of the person shall be liable if the estate is discovered within 5 years after the person's death.

(Added to NRS by 1975, 1617; A 2011, 432)

MISCELLANEOUS PROVISIONS

NRS 433A.713 Submission of reports to Division; regulations requiring adoption of plan for discharge of admitted person.

1. Each public or private mental health facility and hospital in this State shall, in the manner and time prescribed by regulation of the State Board of Health, report to the Division:

(a) The number of persons placed on a mental health crisis hold at the mental health facility or hospital pursuant to NRS 433A.160 during the immediately preceding quarter; and

(b) Any other information prescribed by regulation of the State Board of Health.

2. The State Board of Health may adopt regulations that require a public or private mental health facility or hospital to adopt a plan for the discharge of a person admitted to the facility or hospital in accordance with the provisions of this chapter and that prescribe the contents of such a plan.

(Added to NRS by 2019, 348; A 2021, 3100)

NRS 433A.715 Court required to seal records of proceedings; petition to inspect records after sealing; request for release of records; admission to hospital, facility or assisted outpatient treatment deemed to have never occurred after sealing; disclosure of information to provider of health care.

1. A court shall seal all court records relating to proceedings under this chapter.

2. Except as otherwise provided in subsections 4, 5 and 6, a person or governmental entity that wishes to inspect records that are sealed pursuant to this section must file a petition with the court that sealed the records. Upon the filing of a petition, the court shall fix a time for a hearing on the matter. The petitioner must provide notice of the hearing and a copy of the petition to the person who is the subject of the records. If the person who is the subject of the records wishes to oppose the petition, the person must appear before the court at the hearing. If the person appears before the court at the hearing, the court must provide the person an opportunity to be heard on the matter.

3. After the hearing described in subsection 2, the court may order the inspection of records that are sealed pursuant to this section if:

(a) A law enforcement agency must obtain or maintain information concerning persons who have been admitted to a public or private hospital or a mental health facility or received assisted outpatient treatment in this State pursuant to state or federal law;

(b) A prosecuting attorney or an attorney who is representing the person who is the subject of the records in a criminal action requests to inspect the records; or

(c) The person who is the subject of the records petitions the court to permit the inspection of the records by a person named in the petition.

4. A governmental entity is entitled to inspect court records that are sealed pursuant to this section without following the procedure described in subsection 2 if:

(a) The governmental entity has made a conditional offer of employment to the person who is the subject of the records;

(b) The position of employment conditionally offered to the person concerns public safety, including, without limitation, employment as a firefighter or peace officer;

(c) The governmental entity is required by law, rule, regulation or policy to obtain the mental health records of each individual conditionally offered the position of employment; and

(d) An authorized representative of the governmental entity presents to the court a written authorization signed by the person who is the subject of the records and notarized by a notary public or judicial officer in which the person who is the subject of the records consents to the inspection of the records.

5. Upon the request of a public or private hospital or a mental health facility to which a person has been admitted in this State, the court shall:

(a) Authorize the release of a copy of any order which was entered by the court pursuant to paragraph (b) of subsection 1 of NRS 433A.310 or paragraph (b) of subsection 1 of NRS 433A.343 if:

(1) The request is in writing and includes the name and date of birth of the person who is the subject of the requested order; and

(2) The hospital or facility certifies that:

(I) The person who is the subject of the requested order is, at the time of the request, admitted to the hospital or facility and is being treated for an alleged mental illness; and

(II) The requested order is necessary to improve the care which is being provided to the person who is the subject of the order.

(b) Place the request in the record under seal.

6. Upon its own order, any court of this State may inspect court records that are sealed pursuant to this section without following the procedure described in subsection 2 if the records are necessary and relevant for the disposition of a matter pending before the court. The court may allow a party in the matter to inspect the records without following the procedure described in subsection 2 if the court deems such inspection necessary and appropriate.

7. Following the sealing of records pursuant to this section, the admission of the person who is the subject of the records to the public or private hospital or mental health facility or the assisted outpatient treatment of the person who is the subject of the records is deemed never to have occurred, and the person may answer accordingly any question related to its occurrence, except in connection with:

(a) An application for a permit to carry a concealed firearm pursuant to the provisions of NRS 202.3653 to 202.369, inclusive;

(b) A transfer of a firearm; or

(c) An application for a position of employment described in subsection 4.

8. A court may disclose information contained in a record sealed pursuant to this section to a provider of health care to assist with treatment provided to the consumer.

9. As used in this section:

(a) "Firefighter" means a person who is a salaried employee of a fire-fighting agency and whose principal duties are to control, extinguish, prevent and suppress fires. As used in this paragraph, "fire-fighting agency" means a public fire department, fire protection district or other agency of this State or a political subdivision of this State, the primary functions of which are to control, extinguish, prevent and suppress fires.

(b) "Peace officer" has the meaning ascribed to it in NRS 289.010.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(d) "Seal" means placing records in a separate file or other repository not accessible to the general public.

(Added to NRS by 2007, 1521; A 2013, 3498; 2017, 1647; 2019, 365; 2021, 3101)

CRIMES AND PENALTIES

NRS 433A.740 Liability of public officer or employee. Any public officer or employee who transports or delivers or assists in transporting or delivering or detains or assists in detaining any person pursuant to the provisions of this chapter shall not be rendered civilly or criminally liable thereby unless it is shown that such officer or employee acted maliciously or in bad faith or that his or her negligence resulted in bodily harm to such person.

(Added to NRS by 1975, 1609)

NRS 433A.750 Unlawful acts; penalties.

1. A person who:

(a) Without probable cause for believing a person is a person in a mental health crisis causes or conspires with or assists another to cause the involuntary court-ordered admission of the person under this chapter; or

(b) Causes or conspires with or assists another to cause the denial to any person of any right accorded to the person under this chapter,

➥ is guilty of a category D felony and shall be punished as provided in NRS 193.130.

2. Unless a greater penalty is provided in subsection 1 or 3, a person who knowingly and willfully violates any provision of this chapter regarding the admission of a person to, or discharge of a person from, a public or private mental health facility or the commencement or termination of assisted outpatient treatment is guilty of a gross misdemeanor.

3. A person who, without probable cause for believing another person is a person in a mental health crisis, executes a petition, application or certificate pursuant to this chapter, by which the person secures or attempts to secure the apprehension, hospitalization, detention, admission or restraint of the person alleged to be a person in a mental health crisis, or any physician, psychiatrist, psychologist, advanced practice registered nurse or other person professionally qualified in the field of psychiatric mental health who knowingly makes any false certificate or application pursuant to this chapter as to the mental condition of any person is guilty of a category D felony and shall be punished as provided in NRS 193.130.

(Added to NRS by 1975, 1608; A 1989, 1552; 1993, 2116; 1995, 1277; 2013, 3499; 2017, 1753; 2019, 367; 2021, 3102)

NRS 449A.245 Chemical restraint: Permissible use; report of use.

1. Chemical restraint may only be used on a person with a disability who is a patient at a facility if:

(a) The patient has been diagnosed as a person in a mental health crisis, as defined in NRS 433A.0175, and is receiving mental health services from a facility;

(b) The chemical restraint is administered to the patient while he or she is under the care of the facility;

(c) An emergency exists that necessitates the use of chemical restraint;

(d) A medical order authorizing the use of chemical restraint is obtained from the patient's attending physician, psychiatrist or advanced practice registered nurse;

(e) The physician, psychiatrist or advanced practice registered nurse who signed the order required pursuant to paragraph (d) examines the patient not later than 1 working day immediately after the administration of the chemical restraint; and

(f) The chemical restraint is administered by a person licensed to administer medication.

2. If chemical restraint is used on a person with a disability who is a patient, the use of the procedure must be reported as a denial of rights pursuant to NRS 449A.263, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

(Added to NRS by 1999, 3250; A 2017, 1767; 2019, 367)—(Substituted in revision for NRS 449.780)

Appendix A - Justice Partner Firm Administrator Setup

At A Glance

Tyler Help Line: 1.800.297.5377 *available Monday through Friday 5AM – 7PM Pacific*

Court Help Desk: 702.671.3300

Training resources: http://www.clarkcountycourts.us/departments/clerk/electronic-filing/file-and-serve/

Filer Site: www.efilenv.com

File & Serve Firm Registration

File & Serve is the Eighth Judicial District Court's electronic filing system. Please follow the steps below to register for a new account if necessary.

Navigate to www.efilenv.com in your web browser.

Click the Green Register Icon.

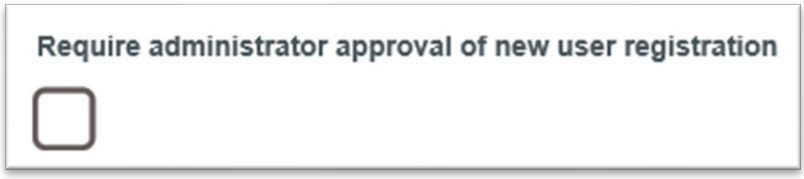
You will be directed to the **User Information page**.

- Complete all fields with red borders.
- Password parameters: Your password must be at least 8 characters and include an upper case letter, a lowercase letter, and a number or special character.
- Click **Next** when you have completed filling out your information.

You will be directed to the Registration Options. Select the "Firm Account" account option.

Enter your Agency's Contact information and click **Next**. The firm name should easily identify your organization.

NOTE: Administrator approval is currently not configured. Please make sure this box is not checked.



After agreeing to the Terms and Conditions, you will be redirected to a page indicating that your registration was successful. Please go to your email to activate your e-filing account.

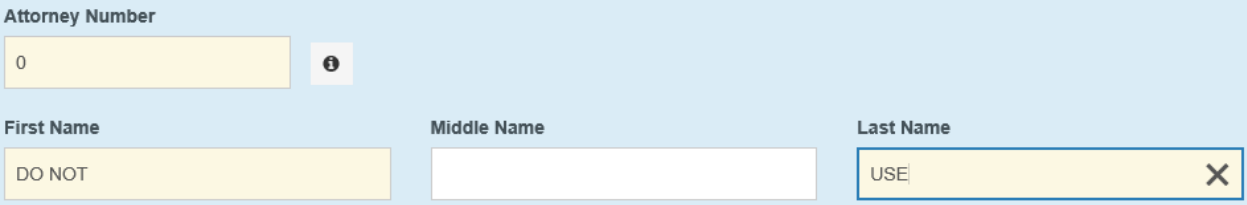
Setting up the "Required Attorney"

The File & Serve system requires at least one Firm Attorney for the account to be valid. For Justice Partner Agencies the recommended practice is to enter a false attorney and then not to use it when filing.

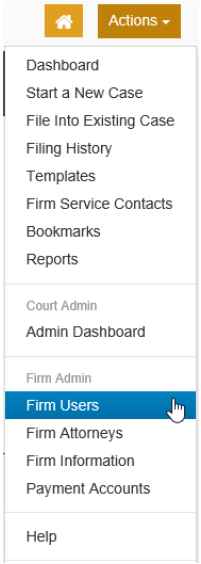
Click on the orange **Actions** tab on the upper right hand side of the home page. Click on **Firm Attorneys**.

Click on the **Add New Attorney** button in the top left of the screen.

Enter 0 for the Attorney Number with the name DO NOT USE so your users don't inadvertently add an invalid attorney to their submissions. **Filings will not process correctly if an invalid attorney is included**



Adding Firm Users

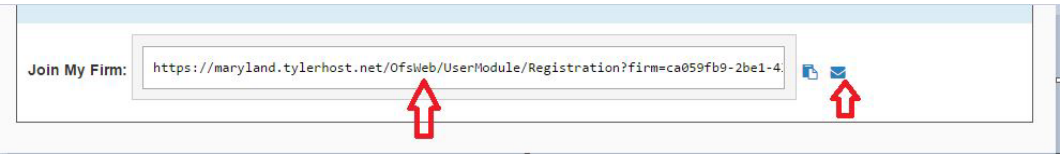


To Approve Additional Users

Click on the orange **Actions** tab on the upper right hand side of the home page. Click on **Firm Users**.

Scroll down to **Join My Firm** and click on the icon that looks like an Envelope. This will send an email to your new user with steps for account activation. Once the user enters their information using the link you provide, they will gain access to E-File as a part of your firm.

Note that this invite link only works if you have a default email program. If you do not have this functionality, you may copy and paste the link into an email manually.

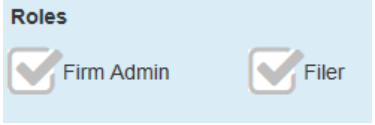


To Approve Additional Firm Administrators

From the **Firm Users** page, click on the orange **Actions** tab on the upper right hand side of the screen.

Click on **Firm Users**.

Find the user that you wish to grant administrative access and click on their name. Select the **Firm Admin** check box and **Save Changes**.



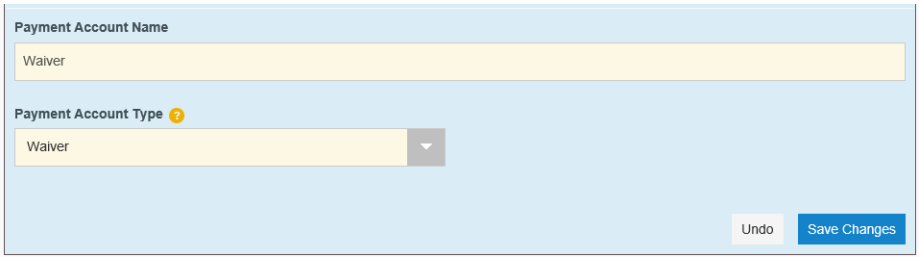
Waiver Setup

Justice Partners are able to use a Waiver account to submit appropriate filings free of charge. To properly set up a waiver account, please follow the steps below:

Click on the orange **Actions** tab located in the upper right hand corner and then select **Payment Accounts** from the dropdown. Click **Add Payment Account**.

Name your payment account and select **Waiver** for the Payment Account Type as seen here.

Click **Save Changes**.



Your waiver payment option is now available for all of your firm's users on all appropriate filings.

Firm Setup is now complete.